

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF TEXAS

Case number (if known)

Chapter

7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Examination Management Services, Inc.</u>	
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	DBA <u>EMSI</u> DBA <u>Merrill</u> DBA <u>Leprechaun</u> DBA <u>LepMed, Inc.</u>	
3. Debtor's federal Employer Identification Number (EIN)	<u>75-1444139</u>	
4. Debtor's address	Principal place of business <u>3050 Regent Blvd.</u> <u>Suite 400</u> <u>Irving, TX 75063</u> <small>Number, Street, City, State & ZIP Code</small> <u>Dallas</u> <small>County</small>	Mailing address, if different from principal place of business <hr/> <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business <hr/> <small>Number, Street, City, State & ZIP Code</small>
5. Debtor's website (URL)	<u>www.emsinet.com</u>	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor Examination Management Services, Inc.
Name

Case number (if known) _____

7. Describe debtor's business A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5511**8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	See Schedule 1 Attached	Relationship	Affiliates
District	Northern District Texas	When	Case number, if known

Debtor **Examination Management Services, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☐ 100-199☐ 200-999☒ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Examination Management Services, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

10/06/2020
MM / DD / YYYY

X

Signature of authorized representative of debtor

Title **Director**

M. Troy Phillips

Printed name

18. Signature of attorney

X /s/ John E. Mitchell

Date

October 6, 2020

Signature of attorney for debtor

MM / DD / YYYY

John E. Mitchell
Printed name

Katten Muchin Rosenman LLP
Firm name

2121 N. Pearl Street
Suite 1100
Dallas, TX 75201
Number, Street, City, State & ZIP Code

Contact phone **214-765-3600**

Email address **john.mitchell@katten.com**

00797095 TX

Bar number and State

SCHEDULE 1

Pending Bankruptcy Cases Filed by the Debtor and Affiliates of the Debtor

On September 14, 2020, certain of the creditors of Examination Management Services, Inc. filed an involuntary petition against Debtor, Examination Management Services, Inc., under chapter 7 of title 11 of the United States Code (the “Involuntary Case”). The Involuntary Case is pending before the United States Bankruptcy Court for the Northern District of Texas at Case No. 20-32367-SGJ-7. No summons or answer has been filed in the Involuntary Case.

On the date hereof, each of the entities listed below, including the Debtor in this chapter 7 case (collectively, the “Debtors”) filed a voluntary petition for relief under chapter 7 of title 11 of the United States Code in the United States Bankruptcy Court for the Northern District of Texas.

1. EMSI Holdco, Inc.
2. EMSI Acquisition, Inc.
3. EMSI Holding Company
4. Examination Management Services, Inc.

Examination Management Services, Inc.

Omnibus Written Consent of the Sole Stockholder

Effective as of October 6, 2020

The undersigned (the “Stockholder”), being the sole stockholder of Examination Management Services, Inc. (the “Company”), a Nevada corporation, acting pursuant to the laws of the State of Nevada, does hereby consent in writing to the adoption of the following resolutions in lieu of a meeting of the stockholders of the Company.

WHEREAS, the Stockholder has considered the financial and operational conditions of the Company’s business;

WHEREAS, the Stockholder has determined to its reasonable satisfaction that the revenues and the value of the Company’s remaining assets are insufficient to satisfy the liabilities of the Company;

RESOLVED, THEREFORE, that in the business judgment of the Stockholder after consideration of the alternatives presented to it and the recommendations of senior management of the Company and the advice of the Company’s professionals and advisors that it is in the best interests of this Company, its creditors, and other interested parties, that a voluntary petition be filed by the Company under the provisions of Chapter 7 of Title 11 of the United States Code (the “Bankruptcy Code”); and it is

FURTHER RESOLVED, that the Directors of the Company be, and they hereby are, authorized to execute and file on behalf of the Company all petitions, schedules, lists and other papers or documents, and to take any and all action which they deem necessary or proper to obtain such relief; and it is

FURTHER RESOLVED, that the Directors of the Company be, and they hereby are, authorized and directed to employ the law firm of Pachulski, Stang, Ziehl & Jones LLP as general bankruptcy counsel to the Company and Katten Muchin Rosenman LLP as Texas bankruptcy counsel to represent and assist the Company in filing under Chapter 7 of the Bankruptcy Code; and it is

FURTHER RESOLVED, that any of the Directors of the Company are authorized, empowered and directed to take any and all further action and to execute and deliver any and all such further instruments and documents and to pay all such expenses (subject to Bankruptcy Court approval), where necessary or appropriate in order to carry out fully the intent and accomplish the purposes of the resolutions adopted herein; and it is

FURTHER RESOLVED, that all actions taken by the Directors of the Company prior to the date hereof in connection with the liquidation of the Company or any matters related thereto, or by virtue of these resolutions, are hereby in all aspects ratified, confirmed, and approved.

IN WITNESS WHEREOF, the undersigned have executed this Written Consent on the date indicated above.

EMSI Holding Company



M. Troy Phillips
Director

John E. Mitchell (Texas Bar No. 00797095)
 Yelena E. Archiyan, (Texas Bar No. 24119035)
 KATTEN MUCHIN ROSENMAN LLP
 2121 N. Pearl St., Suite 1100
 Dallas, TX 75201
 Telephone: (214) 765-3600
 Email: john.mitchell@katten.com
 Email: yelena.archiyan@katten.com

Laura Davis Jones, Esq. (DE Bar No. 2436)
 PACHULSKI STANG ZIEHL & JONES LLP
 919 N. Market Street, 17th Floor
 Wilmington, DE 19899 (Courier 19801)
 Telephone: (302) 652-4100
 Facsimile: (302) 652-4400
 E-mail: ljones@pszjlaw.com

Counsel for the Debtor

**IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE NORTHERN DISTRICT OF TEXAS
 DALLAS DIVISION**

In re:

EXAMINATION MANAGEMENT
 SERVICES, INC.,¹

Debtor.

§
§
§
§
§
§
§
§

Chapter 7

Case No. 20-_____ -

LIST OF EQUITY SECURITY HOLDERS

Name	Address	Percentage of Equity
EMSI Holding Company	3050 Regent Blvd. Suite 400 Irving, TX 75063	100%

¹ The Debtor's last four digits of its taxpayer identification number are (4139). The headquarters and service address for the above-captioned Debtor is 3050 Regent Blvd., Suite 400, Irving, TX 75063.

John E. Mitchell (Texas Bar No. 00797095)
 Yelena E. Archiyan, (Texas Bar No. 24119035)
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 Wilmington, DE 19899 (Courier 19801)
 Telephone: (302) 652-4100
 Facsimile: (302) 652-4400
 E-mail: ljones@pszjlaw.com

Counsel for the Debtor

**IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE NORTHERN DISTRICT OF TEXAS
 DALLAS DIVISION**

In re: EXAMINATION MANAGEMENT SERVICES, INC., ¹ <div style="text-align: right;">Debtor.</div>	§ § § § § § § §	Chapter 7 Case No. 20-_____
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CORPORATE OWNERSHIP STATEMENT

Pursuant to rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy Procedure, the following are corporations, other than a government unit, that directly or indirectly own 10% or more of any class of the Debtor's equity interest:

Name	Address	Percentage of Equity
EMSI Holding Company	3050 Regent Blvd. Suite 400 Irving, TX 75063	100% of Examination Management Services, Inc.

¹ The Debtor's last four digits of its taxpayer identification number are (4139). The headquarters and service address for the above-captioned Debtor is 3050 Regent Blvd., Suite 400, Irving, TX 75063.

John E. Mitchell (Texas Bar No. 00797095)
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E-mail: ljones@pszjlaw.com

Counsel for the Debtor

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

In re:

EXAMINATION MANAGEMENT
SERVICES, INC.,¹

Debtor.

§
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§

Chapter 7

Case No. 20-_____

CERTIFICATION OF CREDITOR MATRIX

Pursuant to Rule 1007-1 of the Local Bankruptcy Rules of the United States Bankruptcy Court for the Northern District of Texas, the above-captioned debtor and its affiliated debtors in possession (collectively, the “Debtors”) hereby certify that the *Creditor Matrix* submitted contemporaneously herewith contains the names and addresses of the Debtors’ creditors. To the best of the Debtors’ knowledge, the *Creditor Matrix* is complete, correct, and consistent with Debtors’ books and records.

¹ The Debtor’s last four digits of its taxpayer identification number are (4139). The headquarters and service address for the above-captioned Debtor is 3050 Regent Blvd., Suite 400, Irving, TX 75063.

The information contained herein is based upon a review of the Debtors' books and records as of the petition date. However, no comprehensive legal and/or factual investigations with regard to possible defenses to any claims set forth in the *Creditor Matrix* have been completed. Therefore, the listing does not, and should not, be deemed to constitute: (1) a waiver of any defense to any listed claims; (2) an acknowledgement of the allowability of any listed claims; and/or (3) a waiver of any other right or legal position of the Debtors.

Fill in this information to identify the case:Debtor name **Examination Management Services, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☒ Other document that requires a declaration **List of Equity Security Holders; Corporate Ownership Statement; Certification of Creditor Matrix**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **10/6/2020**

X

Signature of individual signing on behalf of debtor

M. Troy Phillips

Printed name

Director

Position or relationship to debtor

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

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Best Case Bankruptcy

Fill in this information to identify the case:Debtor name Examination Management Services, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 172,013.26**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 19,411,209.73**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 19,583,222.99**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 20,000,000.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 4,385,707.34**4. Total liabilities**
Lines 2 + 3a + 3b\$ 24,385,707.34

Fill in this information to identify the case:Debtor name Examination Management Services, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. BMO Harris BankChecking1235Unknown3.2. Wells FargoChecking4451Unknown3.3. Wells FargoChecking4485Unknown3.4. Wells FargoChecking4477Unknown3.5. Wells FargoChecking9242Unknown3.6. Wells FargoChecking9316Unknown3.7. Wells FargoChecking8491Unknown

Debtor Examination Management Services, Inc.
Name

Case number (If known) _____

3.8.	<u>Wells Fargo</u>	<u>Checking</u>	<u>9261</u>	<u>Unknown</u>
3.9.	<u>Wells Fargo</u>	<u>Checking</u>	<u>9276</u>	<u>Unknown</u>
3.10.	<u>Wells Fargo</u>	<u>Checking</u>	<u>4469</u>	<u>Unknown</u>
3.11.	<u>Wells Fargo</u>	<u>Checking</u>	<u>4493</u>	<u>Unknown</u>
3.12.	<u>Wells Fargo</u>	<u>CD</u>	<u>N/A</u>	<u>\$600,281.00</u>

4. **Other cash equivalents** (*Identify all*)5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$600,281.00**Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1.	<u>AMLI at Escena - Security Deposit</u>	<u>\$1,327.00</u>
7.2.	<u>BHS, LLC - Security Deposit</u>	<u>\$3,200.00</u>
7.3.	<u>Don Floberg dba Broadwater Square - Security Deposit</u>	<u>\$1,232.00</u>
7.4.	<u>Guardian Properties of College Ave., LLC - Security Deposit</u>	<u>\$1,300.00</u>
7.5.	<u>RVC Associates, LP - Security Deposit</u>	<u>\$4,000.00</u>
7.6.	<u>St. John Properties - Security Deposit</u>	<u>\$1,451.75</u>

Debtor Examination Management Services, Inc. Case number (If known) _____
 Name

7.7.	<u>Pajama Properties - Security Deposit</u>	<u>\$3,401.53</u>
7.8.	<u>Bay West Tampa Investors</u>	<u>\$2,215.97</u>
7.9.	<u>Brookmat Corporation - Security Deposit</u>	<u>\$3,940.00</u>
7.10	<u>Davenport / Lucas Living Trust - Security Deposit</u>	<u>\$2,146.00</u>
7.11	<u>Hudson Ventures, LP - Security Deposit</u>	<u>\$3,066.00</u>
7.12	<u>GIJV OH LLC (Reef American) Kemper Fairfield - Security Deposit</u>	<u>\$2,453.10</u>
7.13	<u>Causeway Partners, LLC - Security Deposit</u>	<u>\$1,819.43</u>
7.14	<u>Brass Centerview Holding - Security Deposit</u>	<u>\$2,114.91</u>
7.15	<u>Norman & Nowain LLC - Security Deposit</u>	<u>\$4,906.20</u>
7.16	<u>Lakeside Center, LLC - Security Deposit</u>	<u>\$2,115.95</u>
7.17	<u>11717 LLC - Security Deposit</u>	<u>\$9,000.00</u>
7.18	<u>Heritage Place/ Advanced Reality Deposit - Security Deposit</u>	<u>\$3,739.58</u>
7.19	<u>Franz Family Properties - Security Deposit</u>	<u>\$5,000.00</u>
7.20	<u>PS Business Park - Security Deposit</u>	<u>\$44,773.44</u>

Debtor Examination Management Services, Inc.
Name

Case number (If known) _____

7.21 Glen Eagles Country Club - Club Deposit \$31,500.00

7.22 Tokio Marine HCC Surety Group - Collateral Security for Airports \$100,000.00

7.23 Taxconnex - Initial Refundable Deposit \$1,000.00

7.24 Clark County - Security Deposit \$5,000.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. Prepaid Insurance \$368,672.37

8.2. Prepaid postage \$18,439.75

8.3. Other prepayments (maintenance agreements, prepaid confrence attendance) \$834,565.26

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$1,462,380.24

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 11,635,609.23 - 139,013.00 = \$11,496,596.23
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 544,285.24 - 31,644.00 = \$512,641.24
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$12,009,237.47

Part 4: Investments

Debtor Examination Management Services, Inc.
Name

Case number (If known) _____

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale Medical testing supplies		\$96,711.00		\$96,711.00
22.	Other inventory or supplies Medical testing supplies		\$219,364.00		\$219,364.00

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$316,075.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			

Debtor Examination Management Services, Inc.
Name

Case number (If known) _____

Furniture & Fixtures - See Attachment B.39 for details**\$17,708.16****\$17,708.16**40. **Office fixtures**41. **Office equipment, including all computer equipment and communication systems equipment and software Medical Equipment - See Attachment B.41 for details****\$61,207.17****\$61,207.17****Office Equipment - See Attachment B.41 for details****\$44,807.60****\$44,807.60****Computer Equipment - See Attachment B.41 for details****\$1,020,778.54****\$1,020,778.54****Computer Software - See Attachment B.41 for details****\$3,876,037.97****\$3,876,037.97**42. **Collectibles** *Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles*43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$5,020,539.4444. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)**Valuation method used for current value****Current value of debtor's interest**47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**47.1. **Auto****\$2,129.51****\$2,129.51**47.2. **Alcohol Testing Equipment****\$567.07****\$567.07**48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

Debtor **Examination Management Services, Inc.**
Name

Case number (If known) _____

49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$2,696.5852. **Is a depreciation schedule available for any of the property listed in Part 8?**☐ No☒ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

55.1.

Leashold improvements**\$172,013.26****\$172,013.26**56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$172,013.2657. **Is a depreciation schedule available for any of the property listed in Part 9?**☐ No☒ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.**General description****Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**60. **Patents, copyrights, trademarks, and trade secrets**

Debtor Examination Management Services, Inc. Case number (If known) _____

Name

Trademarks	\$2,152,417.83	Unknown
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61. Internet domain names and websites Internet domain names - See Attachment B.61 for details	Unknown	Unknown
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62. Licenses, franchises, and royalties Hewlett Packard licenses	\$137,422.19	Unknown
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Velo Cloud licenses	\$71,108.19	Unknown
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63. Customer lists, mailing lists, or other compilations Customer network and relationship	\$606,204.86	Unknown
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64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☐ No☒ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No☐ Yes**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes Fill in the information below.

Debtor **Examination Management Services, Inc.**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$600,281.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$1,462,380.24</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$12,009,237.47</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$316,075.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$5,020,539.44</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$2,696.58</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$172,013.26</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$19,411,209.73</u>	+ 91b. <u>\$172,013.26</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$19,583,222.99</u>

Examination Management Services, Inc.
Attachment B.39
Furniture & Fixtures

5/31/2020

<u>Asset Description</u>	<u>Date Placed in Service</u>	<u>Useful Life in Months</u>	<u>GL Account</u>	<u>Cost Basis</u>	<u>Monthly Depreciation</u>	<u>Months Depreciated</u>	<u>Fully Depreciated? (Y/N)</u>	<u>Monthly Depreciation Expense</u>	<u>Accum Depr</u>	<u>NBV</u>	<u>D</u>	<u>DISPOSAL COST</u>	<u>ACCUM DEPR</u>	<u>NBV After Disposals</u>
BOARD RM FURNITURE-10005892	11/03/2015	24	15010	1,428.63	59.53	24	Y	-	1,428.63	0.00				0.00
SALES/MARKETING EXHIBITS-10006650	11/03/2015	24	15010	4,706.06	196.09	24	Y	-	4,706.06	0.00				0.00
WORKSTATIONS-10010513	11/03/2015	24	15010	4,966.58	206.94	24	Y	-	4,966.58	0.00				0.00
WORKSTATIONS-10010745	11/03/2015	24	15010	4,966.58	206.94	24	Y	-	4,966.58	0.00				0.00
FURN & FIX - GREENSBORO-10013036	11/03/2015	24	15010	1,857.21	77.38	24	Y	-	1,857.21	0.00				0.00
FURN & FIX - DALLAS-10014005	11/03/2015	24	15010	4,697.66	195.74	24	Y	-	4,697.66	0.00	D	4,697.66	4,697.66	0.00
PEDESTAL CREDENZA-10014408	11/03/2015	24	15010	1,294.17	53.92	24	Y	-	1,294.17	0.00				0.00
BOARDROOM FURNITURE-10014410	11/03/2015	24	15010	2,554.72	106.45	24	Y	-	2,554.72	0.00				0.00
PEDESTAL CREDENZA-10014427	11/03/2015	24	15010	1,184.92	49.37	24	Y	-	1,184.92	0.00				0.00
WILSON FURNITURE SUITE 100-10014429	11/03/2015	24	15010	17,815.81	742.33	24	Y	-	17,815.81	0.00				0.00
TRADESHOW BOOTH UPGRADES-10014566	11/03/2015	24	15010	6,143.09	255.96	24	Y	-	6,143.09	0.00	D	6,143.09	6,143.09	0.00
TRADESHOW PANELS-10015705	11/03/2015	24	15010	8,218.80	342.45	24	Y	-	8,218.80	0.00	D	8,218.80	8,218.80	0.00
FURN & FIX - FT LAUDERDALE-10016687	11/03/2015	24	15010	1,781.58	74.23	24	Y	-	1,781.58	0.00	D	1,781.58	1,781.58	0.00
NEW VOICE/DATA CABLING & INSTALLATION-10017922	11/03/2015	24	15010	2,092.52	87.19	24	Y	-	2,092.52	0.00				0.00
PHONE & NETWORK CABLING-10018085	11/03/2015	24	15010	4,613.62	192.23	24	Y	-	4,613.62	0.00				0.00
JAX CUBICLE BUILDOUT-10018911	11/03/2015	24	15010	28,572.52	1,190.52	24	Y	-	28,572.52	0.00				(0.00)
TRADE SHOW BOOTH-10019227	11/03/2015	24	15010	16,555.25	689.80	24	Y	-	16,555.25	0.00	D	16,555.25	16,555.25	0.00
ARTWORK FOR EXEC OFFICES-10014785	11/03/2015	24	15010	2,252.19	93.84	24	Y	-	2,252.19	0.00				0.00
IMAGING WORK BENCH IRVING WDS ENVIRONMENT-10019512	02/29/2016	24	15010	1,016.82	42.37	24	Y	-	1,016.82	0.00				0.00
SUITE 200 OFFICE SETUP - DESK, BOOKSHELF, FILE-10026949	05/02/2016	24	15010	1,295.88	54.00	24	Y	-	1,295.88	0.00				0.00
JACKSONVILLE TRAINING ROOM FURNITURE-10026958	05/27/2016	24	15010	2,313.14	96.38	24	Y	-	2,313.14	0.00				0.00
JACKSONVILLE TRAINING RM TABLE-10026963	06/03/2016	24	15010	2,313.14	96.38	24	Y	-	2,313.14	0.00				0.00
RIGHT TO KNOW BOARDS-10026991	07/31/2016	24	15010	3,659.72	152.49	24	Y	-	3,659.72	0.00				0.00
20 CHAIRS STE 200-10027007	09/15/2016	24	15010	4,977.69	207.40	24	Y	-	4,977.69	0.00				0.00
Payroll Dept Furniture-10043025	06/30/2017	84	15010	2,041.42	24.30	35	N	24.30	850.59	1,190.83				1,190.83
ITP-FY18-0238 Facilities-10045039	07/31/2017	84	15010	2,050.93	24.42	34	N	24.42	830.14	1,220.79				1,220.79
Lobby Chairs	01/03/2018	84	15010	1,541.44	18.35	29	N	18.35	532.16	1,009.28				1,009.28
Office Chairs	01/15/2018	84	15010	2,394.00	28.50	29	N	28.50	826.50	1,567.50				1,567.50
Luna Road Furniture	02/28/2018	84	15010	9,839.40	117.14	27	N	117.14	3,162.66	6,676.74				6,676.74
15 Chairs for Jacksonville	03/05/2018	84	15010	3,855.34	45.90	27	N	45.90	1,239.22	2,616.12				2,616.12
2-EMSI CHAIR QUOTE BROOKLYN CENTER,MN	03/31/2020	84	15010	3,510.49	41.79	2	N	41.79	83.58	3,426.91				3,426.91
15010 TOTAL - FURNITURE & FIXTURES				156,511.32				300.39	138,803.16	17,708.16	T	37,396.38	37,396.38	17,708.16

Examination Management Services, Inc. 5/31/2020
Attachment B.41
Office Equipment, Medical Equipment, Computer Equipment and Software

<u>Asset Description</u>	<u>Date Placed in Service</u>	<u>Useful Life in Months</u>	<u>GL Account</u>	<u>Cost Basis</u>	<u>Monthly Depreciation</u>	<u>Months Depreciated</u>	<u>Fully Depreciated? (Y/N)</u>	<u>Monthly Depreciation Expense</u>	<u>Accum Depr</u>	<u>NBV</u>	<u>D</u>	<u>DISPOSAL COST</u>	<u>ACCUM DEPR</u>	<u>NBV After Disposals</u>
LIFESPIN CENTRIFUGE (6) - MEMPHIS BRANCH-10019364	12/02/2015	60	15020	754.20	12.57	54	N	12.57	678.78	75.42				75.42
CMS 80A HH ECG, LIFESPIN CENTRIFUGE - COLTON BRANCH-10019366	12/02/2015	60	15020	548.89	9.15	54	N	9.15	494.00	54.89				54.89
CMS 80A HH ECG, LIFESPIN CENTRIFUGE (2) - SAN DIEGO-10019367	12/02/2015	60	15020	713.63	11.89	54	N	11.89	642.27	71.36				71.36
CMS 80A HH ECG (2) - SEATTLE BRANCH-10019368	12/02/2015	60	15020	682.24	11.37	54	N	11.37	614.02	68.22				68.22
CMS80 HH ECG (2), LIFESPIN CENTRIFUGE (2) - HOUSTON-10019369	12/02/2015	60	15020	974.70	16.25	54	N	16.25	877.23	97.47				97.47
CMS 80A HH ECG (2) - BALTIMORE BRANCH-10019370	12/02/2015	60	15020	674.54	11.24	54	N	11.24	607.09	67.45				67.45
CMS 80A HH ECG, LIFESPIN CENTRIFUGE (2) --10019371	12/02/2015	60	15020	644.59	10.74	54	N	10.74	580.13	64.46				64.46
LIFESPIN CENTRIFUGRE (6) - CINCINNATI BRANCH-10019365	12/05/2015	60	15020	753.20	12.55	54	N	12.55	677.88	75.32				75.32
LIFESPIN CENTRIFUGE (2) - MEMPHIS-10019432	01/06/2016	60	15020	300.69	5.01	53	N	5.01	265.61	35.08				35.08
LIFESPIN CENTRIFUGE (2) - COLTON-10019433	01/06/2016	60	15020	336.56	5.61	53	N	5.61	297.29	39.27				39.27
CMS80A HH ECG (2) - OKLAHOMA CITY-10019434	01/06/2016	60	15020	734.20	12.24	53	N	12.24	648.54	85.66				85.66
CMS80A HH ECG (2) & LIFESPIN CENTRIFUGE (3)--10019435	01/06/2016	60	15020	1,259.72	21.00	53	N	21.00	1,112.75	146.97				146.97
CMS 80A HAND HELD ECG - MEMPHIS-10019444	02/08/2016	60	15020	345.76	5.76	52	N	5.76	299.66	46.10				46.10
CMS 80A HAND HELD ECG (2) - INDIANAPOLIS-10019445	02/08/2016	60	15020	675.31	11.26	52	N	11.26	585.27	90.04				90.04
CMS 80A HAND HELD ECG (2) - OKLAHOMA CITY-10019446	02/08/2016	60	15020	746.21	12.44	52	N	12.44	646.72	99.49				99.49
CMS 80A HAND HELD ECG (2) - SAN ANTONIO-10019447	02/08/2016	60	15020	675.31	11.26	52	N	11.26	585.27	90.04				90.04
CMS 80A HAND HELD ECG (2), LIFESPIN CENTRIFUGE (2)-10019448	02/08/2016	60	15020	979.86	16.33	52	N	16.33	849.21	130.65				130.65
CMS 80A HAND HELD ECG (2), LIFESPIN CENTRIFUGE (4)-10019449	02/08/2016	60	15020	1,266.73	21.11	52	N	21.11	1,097.83	168.90				168.90
4.CMS 80A HAND HELD ECG (3), LIFESPIN CENTRIFUGE-10019450	02/08/2016	60	15020	1,638.76	27.31	52	N	27.31	1,420.26	218.50				218.50
CMS 80A HAND HELD ECG (2) - GLENBURNIE-10019451	02/08/2016	60	15020	675.31	11.26	52	N	11.26	585.27	90.04				90.04
CMS 80A HAND HELD ECG (2), LIFESPIN CENTRIFUGE (2)-10019452	02/08/2016	60	15020	969.22	16.15	52	N	16.15	839.99	129.23				129.23
CMS 80A HAND HELD ECG (4), LIFESPIN CENTRIFUGE (6)-10019453	02/08/2016	60	15020	2,230.77	37.18	52	N	37.18	1,933.33	297.44				297.44
CMS 80A HAND HELD ECG (2), LIFESPIN CENTRIFUGE (4)-10019454	02/08/2016	60	15020	1,348.08	22.47	52	N	22.47	1,168.34	179.74				179.74
CMS 80A HAND HELD ECG (3) - PITTSBURGH-10019455	02/08/2016	60	15020	1,092.01	18.20	52	N	18.20	946.41	145.60				145.60
CMS 80A HAND HELD ECG (2) - COLTON-10019464	02/08/2016	60	15020	736.46	12.27	52	N	12.27	638.27	98.19				98.19
CMS 80A HAND HELD ECG (2) - SAN ANTONIO 199-10019509	02/11/2016	60	15020	675.31	11.26	52	N	11.26	585.27	90.04				90.04
LIFESPIN 6D CENTRIFUGE - WEST DES MOINES 144-10019508	02/23/2016	60	15020	154.55	2.58	51	N	2.58	131.37	23.18				23.18
LIFESPIN 6D CENTRIFUGE (3) - OKC 252-10019510	02/25/2016	60	15020	496.91	8.28	51	N	8.28	422.37	74.54				74.54
CMS 80A HH ECG (5) - Oakland-10026939	05/10/2016	60	15020	1,825.53	30.43	49	N	30.43	1,490.85	334.68				334.68
CMS 80 HH ECG (3) - OAKLAND 762-10026951	05/10/2016	60	15020	1,095.32	18.26	49	N	18.26	894.51	200.81				200.81
CMS 80 HH ECG (2) - BALTIMORE 779-10026950	05/11/2016	60	15020	675.24	11.25	49	N	11.25	551.45	123.79				123.79
CMS80A HH ECG - HOUSTON 4-10026952	05/11/2016	60	15020	345.01	5.75	49	N	5.75	281.76	63.25				63.25
CMS 80A HH ECG (2)-10026953	05/11/2016	60	15020	715.75	11.93	49	N	11.93	584.53	131.22				131.22
CMS80 HH ECG - TAMPA-10026954	05/11/2016	60	15020	342.28	5.70	49	N	5.70	279.53	62.75				62.75
CMS 80A HH ECG (2)- OK CITY 252-10026955	05/11/2016	60	15020	734.08	12.23	49	N	12.23	599.50	134.58				134.58
CMS 80A HAND HELD ECG-10026966	05/26/2016	60	15020	677.32	11.29	48	N	11.29	541.86	135.46				135.46
CMS 80A HAND HELD ECG-10026967	05/26/2016	60	15020	677.32	11.29	48	N	11.29	541.86	135.46				135.46
CMS 80A HAND HELD ECG-10026968	05/26/2016	60	15020	832.72	13.88	48	N	13.88	666.18	166.54				166.54
HAND HELD ECG AND CENTRIFUGE-10026975	05/26/2016	60	15020	977.41	16.29	48	N	16.29	781.93	195.48				195.48
LIFESPIN 6D CENTRIFUGE (5) - OAKLAND-10026940	05/31/2016	60	15020	857.29	14.29	48	N	14.29	685.83	171.46				171.46
LIFESPIN 6D CENTRIFUGE - DALLAS-10026971	06/03/2016	60	15020	1,462.59	24.38	48	N	24.38	1,170.07	292.52				292.52
HAND HELD ECG - GARDENA-10026969	06/08/2016	60	15020	1,292.99	21.55	48	N	21.55	1,034.39	258.60				258.60
CMS 90A HAND HELC ECG-10026965	06/09/2016	60	15020	720.85	12.01	48	N	12.01	576.68	144.17				144.17
LIFESPIN 6D CENTRIFUGE-10026964	06/13/2016	60	15020	495.44	8.26	48	N	8.26	396.35	99.09				99.09
LIFESPIN 6D CENTRIFUGE - TAMPA-10026972	06/23/2016	60	15020	1,195.23	19.92	47	N	19.92	936.26	258.97				258.97
LIFESPIN 6D CENTRIFUGE - GREENSBORO-10026973	06/23/2016	60	15020	966.55	16.11	47	N	16.11	757.13	209.42				209.42
LIFESPIN 6D CENTRIFUGE - JACKSONVILLE-10026974	06/23/2016	60	15020	1,565.39	26.09	47	N	26.09	1,226.22	339.17				339.17
LIFESPIN 6D CENTRIFUGE - OAKLAND-10026976	06/23/2016	60	15020	1,096.96	18.28	47	N	18.28	859.29	237.67				237.67
HANDHELD ECG - 5- COLUMBIA SC-10026995	08/15/2016	60	15020	1,690.95	28.18	46	N	28.18	1,296.40	394.56				394.56
LIFESPIN 6D CENTRIFUGE - 5-10027012	10/18/2016	60	15020	765.80	12.76	43	N	12.76	548.82	216.98				216.98
HANDHELD ECG (3)-10027014	10/26/2016	60	15020	1,011.99	16.87	43	N	16.87	725.26	286.73				286.73
CMS HANDHELD ECG (2)-10027039	11/30/2016	60	15020	677.91	11.30	42	N	11.30	474.54	203.37				203.37
LIFESPIN CENTRIFUGE (6)-10027040	11/30/2016	60	15020	1,934.51	32.24	42	N	32.24	1,354.16	580.35				580.35
HAND HELD ECG (3)-10028027	12/28/2016	60	15020	1,462.31	24.37	41	N	24.37	999.25	463.06				463.06
HAND HELD ECG - 4-10028032	12/31/2016	60	15020	1,641.78	27.36	41	N	27.36	1,121.88	519.90				519.90
HAND HELD EGG (2)-10029030	01/27/2017	60	15020	672.14	11.20	40	N	11.20	448.09	224.05				224.05
4 CENTRIFUGES-10031028	02/16/2017	60	15020	605.42	10.09	39	N	10.09	393.52	211.90				211.90
2 HAND HELD EGG-10031029	02/16/2017	60	15020	666.93	11.12	39	N	11.12	433.50	233.43				233.43
INTOXIMETERS - EBT'S-10034026	03/22/2017	60	15020	1,789.56	29.83	38	N	29.83	1,133.39	656.17				656.17
3 CENTRIFUGES/1 HAND HELD ECG-10034027	03/22/2017	60	15020	891.55	14.86	38	N	14.86	564.65	326.90				326.90
2 HAND HELD ECG-10034028	03/22/2017	60	15020	674.15	11.24	38	N	11.24	426.96	247.19				247.19
5 CENTRIFUGES & 5 HAND HELD ECG-10035026	03/29/2017	60	15020	2,735.86	45.60	38	N	45.60	1,732.71	1,003.15				1,003.15
5 CENTRIFUGES-10035027	03/29/2017	60	15020	761.06	12.68	38	N	12.68	482.00	279.06				279.06
2 CENTRIFUGES & 3 HAND HELD ECG	04/30/2017	60	15020	1,324.58	22.08	37	N	22.08	816.82	507.76				507.76
2 BOND DENSITY SCANNERS	05/31/2017	60	15020	16,150.00	269.17	36	N	269.17	9,690.00	6,460.00				6,460.00
EBT Machine with docking station	06/30/2017	60	15020	1,778.35	29.64	35	N	29.64	1,037.37	740.98				740.98
EBT Machine with docking station	08/30/2017	60	15020	1,778.35	29.64	33	N	29.64	978.09	800.26				800.26
2 0078-Greensboro	08/30/2017	60	15020	495.99	8.27	33	N	8.27	272.79	223.20				223.20
2 0078-Greensboro	08/30/2017	60	15020	495.99	8.27	33	N	8.27	272.79	223.20				223.20
2 0078-Greensboro	09/27/2017	60	15020	495.98	8.27	32	N	8.27	264.52	231.46				231.46
Billings Branch 774 Medical Equipment	09/26/2017	60	15020	4,986.00	83.10	32	N	83.10	2,659.20	2,326.80				2,326.80
Equipment Intoximeters	09/27/2017	60	15020	1,805.37	30.09	32	N	30.09	962.86	842.51				842.51

<u>Asset Description</u>	<u>Date Placed in Service</u>	<u>Useful Life in Months</u>	<u>GL Account</u>	<u>Cost Basis</u>	<u>Monthly Depreciation</u>	<u>Months Depreciated</u>	<u>Fully Depreciated? (Y/N)</u>	<u>Monthly Depreciation Expense</u>	<u>Accum Depr</u>	<u>NBV</u>	<u>D</u>	<u>DISPOSAL COST</u>	<u>ACCUM DEPR</u>	<u>NBV After Disposals</u>
Tampa 0355 - Medical Equipment	09/27/2017	60	15020	3,556.68	59.28	32	N	59.28	1,896.90	1,659.78				1,659.78
Seattle Branch 014 Medical Equipment	09/27/2017	60	15020	3,513.42	58.56	32	N	58.56	1,873.82	1,639.60				1,639.60
2- SO-0106670	01/11/2018	60	15020	1,790.82	29.85	29	N	29.85	865.56	925.26				925.26
MEDICAL EQUIPMENT	01/30/2018	60	15020	1,805.34	30.09	28	N	30.09	842.49	962.85				962.85
MEDICAL DEVICES	01/11/2018	60	15020	1,840.70	30.68	29	N	30.68	889.67	951.03				951.03
MEDICAL EQUIPMENT	01/12/2018	60	15020	5,484.60	91.41	29	N	91.41	2,650.89	2,833.71				2,833.71
MEDICAL EQUIPMENT	03/14/2018	60	15020	9,078.68	151.31	27	N	151.31	4,085.41	4,993.27				4,993.27
Intoximeters Branch 774	03/04/2018	60	15020	3,324.00	55.40	27	N	55.40	1,495.80	1,828.20				1,828.20
Intoximeters Branch 14 Seattle	03/14/2018	60	15020	5,484.62	91.41	27	N	91.41	2,468.08	3,016.54				3,016.54
PORTLAND 10-MAY-18	05/10/2018	60	15020	3,603.23	60.05	25	N	60.05	1,501.35	2,101.88				2,101.88
ITP-FY19-004-1 BRANCH MEDICAL DEVICES	02/28/2019	60	15020	5,270.00	87.83	15	N	87.83	1,317.50	3,952.50				3,952.50
ITP-FY19-0004-2 BRANCH MEDICAL DEVICES	02/28/2019	60	15020	2,332.53	38.88	15	N	38.88	583.13	1,749.40				1,749.40
ITP-FY19-0004-1 Branch Medical Devices - Seattle, WA - Branch 14	03/31/2019	60	15020	5,270.11	87.84	14	N	87.84	1,229.69	4,040.42				4,040.42
0138 - FY20 CapEx Purchase (In Service Upon Purchase)	04/30/2020	60	15020	5,899.73	98.33	1	N	98.33	98.33	5,801.40				5,801.40

15020 TOTAL - MEDICAL EQUIPMENT

<u>Purchase Date</u>	<u>GL Account</u>	<u>Cost Basis</u>	<u>Monthly Depreciation</u>	<u>Months Depreciated</u>	<u>Fully Depreciated? (Y/N)</u>	<u>Monthly Depreciation Expense</u>	<u>Accum Depr</u>	<u>NBV</u>	<u>D</u>	<u>DISPOSAL COST</u>	<u>ACCUM DEPR</u>	<u>NBV After Disposals</u>
2 INFOPRINT 70"S-10001911	15030	2,120.00	88.33	24	Y	-	2,120.00	0.00				0.00
AFICIO 551P PRINTER-10004643	15030	1,370.00	57.08	24	Y	-	1,370.00	0.00	D	1,370.00	1,370.00	0.00
FREEDOM COMBO RECORDER SYSTEM-10005816	15030	1,370.00	57.08	24	Y	-	1,370.00	0.00				0.00
LUCENT/AVAYA PHONE SWITCH-10005922	15030	5,460.00	227.50	24	Y	-	5,460.00	0.00				0.00
VIDEO CONF EQUIP-3050 REGENT-10005937	15030	1,230.00	51.25	24	Y	-	1,230.00	0.00				0.00
HYLAFAX ENTERPRISE EDITION-10007615	15030	3,950.00	164.58	24	Y	-	3,950.00	0.00				0.00
64 PORT VRS SMART TAP CARD-10007618	15030	1,670.00	69.58	24	Y	-	1,670.00	0.00				0.00
TRADESHOW BOOTH 10FT FERRO-10008335	15030	1,440.00	60.00	24	Y	-	1,440.00	0.00	D	1,440.00	1,440.00	0.00
KODAK i1420 SCANNERS-10009035	15030	2,330.00	97.08	24	Y	-	2,330.00	0.00				0.00
KODAK SCANNER-10009217	15030	1,000.00	41.67	24	Y	-	1,000.00	0.00				0.00
NEW PHONE SYSTEM-10009834	15030	1,020.00	42.50	24	Y	-	1,020.00	0.00	D	1,020.00	1,020.00	0.00
TELECOM - HW - RECORDER UPGRADE-10010114	15030	1,620.00	67.50	24	Y	-	1,620.00	0.00				0.00
PHONE SYSTEM PERFORMANCE IMPROVEMENTS-10010374	15030	1,390.00	57.92	24	Y	-	1,390.00	0.00				0.00
VIDEOCONFERENCING EQUIPMENT-10011041	15030	2,410.00	100.42	24	Y	-	2,410.00	0.00				0.00
VIDEO CONFERENCING SYSTEM-10011219	15030	15,800.00	658.33	24	Y	-	15,800.00	0.00				0.00
VIDEO CONFERENCING SYSTEM-10011221	15030	1,260.00	52.50	24	Y	-	1,260.00	0.00				0.00
PARTNER TELEPHONE SYSTEM-10011340	15030	1,950.00	81.25	24	Y	-	1,950.00	0.00	D	1,950.00	1,950.00	0.00
VIDEO CONFERENCING SYSTEM-10011517	15030	1,950.00	81.25	24	Y	-	1,950.00	0.00				0.00
AUDIO VISUAL EQUIPMENT-10012164	15030	1,450.00	60.42	24	Y	-	1,450.00	0.00				0.00
AVAYA PHONE SYSTEM-10012937	15030	1,200.00	50.00	24	Y	-	1,200.00	0.00	D	1,200.00	1,200.00	0.00
AUDIO VISUAL EQUIPMENT-10014572	15030	4,880.00	203.33	24	Y	-	4,880.00	0.00				0.00
AUDIO VISUAL EQUIPMENT-10014573	15030	12,800.00	533.33	24	Y	-	12,800.00	0.00				0.00
COMPRESSOR-10015585	15030	3,700.00	154.17	24	Y	-	3,700.00	0.00				0.00
COMPRESSOR UNIT-10015766	15030	6,160.00	256.67	24	Y	-	6,160.00	0.00				0.00
Headset equipment-10017305	15030	1,640.00	68.33	24	Y	-	1,640.00	0.00				0.00
2 S6670 SCANNERS-10017346	15030	12,900.00	537.50	24	Y	-	12,900.00	0.00				0.00
PHONE SYSTEM INSTALLATION-10017446	15030	2,230.00	92.92	24	Y	-	2,230.00	0.00				0.00
VOICE & DATA CABLE INSTALLATION-10017550	15030	1,510.00	62.92	24	Y	-	1,510.00	0.00	D	1,510.00	1,510.00	0.00
NEW PHONE SYSTEM-10017551	15030	1,670.00	69.58	24	Y	-	1,670.00	0.00	D	1,670.00	1,670.00	0.00
HVAC AC SYSTEM-10017817	15030	73,400.02	3,058.33	24	Y	-	73,400.02	0.00				0.00
ROOM ALERT 32E SENSOR-10017876	15030	1,040.00	43.33	24	Y	-	1,040.00	0.00				0.00
BADGE ACCESS SYSTEM & INSTALLATION-10017901	15030	19,000.01	791.67	24	Y	-	19,000.01	0.00				0.00
BURG ALARM SYSTEM-10018065	15030	11,000.00	458.33	24	Y	-	11,000.00	0.00				0.00
30 6408D PHONES-10018066	15030	1,290.00	53.75	24	Y	-	1,290.00	0.00				0.00
FILE CABINETS-10018203	15030	1,100.00	45.83	24	Y	-	1,100.00	0.00				0.00
HP ELITE DESK WITH CAMERA STATION-10018419	15030	1,270.00	52.92	24	Y	-	1,270.00	0.00				0.00
HEADSETS (30)-10019031	15030	1,660.00	69.17	24	Y	-	1,660.00	0.00				0.00
HEADSETS (35)-10019033	15030	2,210.00	92.08	24	Y	-	2,210.00	0.00				0.00
PHONE & HEADSETS (26) - STAFF ADDITIONS UW & UHC-10019159	15030	1,500.00	62.50	24	Y	-	1,500.00	0.00				0.00
HC INFRASTRUCTURE FOR CALL CENTER (WACO TX)-10019164	15030	2,850.00	118.75	24	Y	-	2,850.00	0.00				0.00
Board Room Mics (4), Antenna-10019173	15030	2,000.00	83.33	24	Y	-	2,000.00	0.00				0.00
Plantronic Headsets (40) - staff additions US-10019236	15030	2,600.00	108.33	24	Y	-	2,600.00	0.00				0.00
Plantronic Headsets (25) - HC expansion-10019237	15030	1,610.00	67.08	24	Y	-	1,610.00	0.00				0.00
AVAYA PHONES - US HEALTH PRU ROOM-10019239	15030	3,550.00	147.92	24	Y	-	3,550.00	0.00				0.00
AVAYA PHONES (17) - WACO TRAINING ROOM-10019437	15030	1,057.61	17.63	53	N	17.63	934.22	123.39				123.39
DLP XGA Projector - Waco Training Room-10019426	15030	2,827.26	47.12	52	N	47.12	2,450.29	376.97				376.97
PHONES (30) - WACO TRAINING ROOM-10019440	15030	1,703.11	28.39	52	N	28.39	1,476.03	227.08				227.08
SAMSUNG 40" LED TV & STAND - FOR TRADEBOOTH-10019513	15030	1,108.75	18.48	51	N	18.48	942.44	166.31				166.31
ASUS ALL IN 1 TV 40" - CONFERENCES-10019516	15030	659.82	11.00	50	N	11.00	549.85	109.97				109.97
ICE MACHINE-10028028	15030	2,764.05	46.07	41	N	46.07	1,888.77	875.28				875.28
Security ID Badge Printer	15030	182.40	3.04	35	N	3.04	106.40	76.00				76.00
RICOH EQUIPMENT - JACKSONVILLE	15030	11,990.20	199.84	37	N	199.84	7,393.96	4,596.24				4,596.24
RICOH USA, INC PRINTERS	15030	62,601.31	1,738.93	14	N	1,738.93	24,344.95	38,256.36				38,256.36

15030 TOTAL - OFFICE EQUIPMENT

<u>Asset Description</u>	<u>Date Placed in Service</u> <u>Purchase Date</u>	<u>Useful Life in Months</u>	<u>GL Account</u> <u>GL Account</u>	<u>Cost Basis</u> <u>Cost Basis</u>	<u>Monthly Depreciation</u>	<u>Months Depreciated</u>	<u>Fully Depreciated?</u> <u>(Y/N)</u>	<u>Monthly Depreciation Expense</u>	<u>Accum Depr</u>	<u>NBV</u>	<u>D</u>	<u>DISPOSAL COST</u>	<u>ACCUM DEPR</u>	<u>NBV After Disposals</u>
BACKUP TAPE CARTRIDGES-10014913	11/03/2015	18	15050	1,042.81	57.93	18	Y	-	1,042.81	0.00				0.00
CISCO CATALYST SWITCHES-10014990	11/03/2015	19	15050	3,218.68	169.40	19	Y	-	3,218.68	0.00				0.00
EQUIP - S2 IMAGING PHASE 3-10014576	11/03/2015	20	15050	14,940.31	747.02	20	Y	-	14,940.31	0.00				0.00
BACKUP TAPE CARTRIDGES-10015245	11/03/2015	20	15050	1,383.73	69.19	20	Y	-	1,383.73	0.00				0.00
VAC CAPACITORS-10015447	11/03/2015	21	15050	1,473.98	70.19	21	Y	-	1,473.98	0.00				0.00
LENOVO THINKPAD, PRO DOC, & MODEM-10018479	11/03/2015	22	15050	1,544.17	70.19	22	Y	-	1,544.17	0.00				(0.00)
CISCO NETWORK MODULE-10015890	11/03/2015	23	15050	1,032.79	44.90	23	Y	-	1,032.79	0.00				0.00
HP TOWER (2), MEMORY STICKS (7)-10018574	11/03/2015	23	15050	1,443.90	62.78	23	Y	-	1,443.90	0.00	D	1,443.90	1,443.90	0.00
TELEPRO REDESIGN PROJECT-10001917	11/03/2015	24	15050	1,865.03	77.71	24	Y	-	1,865.03	0.00				0.00
i5 AS/400 REPLACEMENT-10007101	11/03/2015	24	15050	6,016.23	250.68	24	Y	-	6,016.23	0.00				0.00
GX520 MINITOWER PENTIUM-10007407	11/03/2015	24	15050	2,085.63	86.90	24	Y	-	2,085.63	0.00				0.00
IT HARDWARE REPLACEMENT-10007571	11/03/2015	24	15050	1,433.87	59.74	24	Y	-	1,433.87	0.00				0.00
RELATIONAL SERVER-10007647	11/03/2015	24	15050	5,946.04	247.75	24	Y	-	5,946.04	0.00				0.00
RABBITS - WACO-10007667	11/03/2015	24	15050	1,102.98	45.96	24	Y	-	1,102.98	0.00				0.00
DALLAS UPS UPGRADE-10007748	11/03/2015	24	15050	3,308.93	137.87	24	Y	-	3,308.93	0.00				0.00
RABBITS - WACO-10007807	11/03/2015	24	15050	2,937.93	122.41	24	Y	-	2,937.93	0.00				0.00
ACER 17" MONITORS-10008202	11/03/2015	24	15050	1,403.79	58.49	24	Y	-	1,403.79	0.00				0.00
TRUESIGHT ANALYZER-10008373	11/03/2015	24	15050	1,223.30	50.97	24	Y	-	1,223.30	0.00				0.00
RBT-366 TERMINAL-10008433	11/03/2015	24	15050	1,042.81	43.45	24	Y	-	1,042.81	0.00				0.00
BACKUP TECH-STORAGE TAPE LIBRARY UPGRADE-HW-10008648	11/03/2015	24	15050	1,113.00	46.38	24	Y	-	1,113.00	0.00				0.00
OVERLAND NEO 2000-10008761	11/03/2015	24	15050	1,052.84	43.87	24	Y	-	1,052.84	0.00				0.00
ORACLE ERP-APP SERVER HW UPGRADE-10008870	11/03/2015	24	15050	1,423.84	59.33	24	Y	-	1,423.84	0.00				0.00
SQL SERVER-10009615	11/03/2015	24	15050	1,113.00	46.38	24	Y	-	1,113.00	0.00				0.00
RSA SECURID HARDWARE-10010059	11/03/2015	24	15050	1,494.03	62.25	24	Y	-	1,494.03	0.00				0.00
MONITORS-10010558	11/03/2015	24	15050	1,965.30	81.89	24	Y	-	1,965.30	0.00				0.00
CAPITAL LEASE-WELLS-DATA STORAGE EQUIP-10011296	11/03/2015	24	15050	4,091.04	170.46	24	Y	-	4,091.04	0.00				0.00
CAPITAL LEASE-WELLS-SAN STORAGE EQUIP-10011876	11/03/2015	24	15050	9,926.78	413.62	24	Y	-	9,926.78	0.00				0.00
MONITORS-10012210	11/03/2015	24	15050	1,113.00	46.38	24	Y	-	1,113.00	0.00				0.00
OVERLAND NEO ADD ON HARD DRIVE-10013537	11/03/2015	24	15050	1,343.62	55.98	24	Y	-	1,343.62	0.00				0.00
KINGSTON 8G MEMORY DRIVES-10014486	11/03/2015	24	15050	1,263.41	52.64	24	Y	-	1,263.41	0.00				0.00
UPS 400MR BATTER-10015126	11/03/2015	24	15050	2,546.87	106.12	24	Y	-	2,546.87	0.00				0.00
APC SMART UPS STORAGE DEVICE-10015545	11/03/2015	24	15050	2,797.55	116.56	24	Y	-	2,797.55	0.00				0.00
EXTERNAL TAPE DRIVES-10016066	11/03/2015	24	15050	1,193.22	49.72	24	Y	-	1,193.22	0.00				0.00
APC CORE UPGRADE-10017124	11/03/2015	24	15050	144,991.17	6,041.30	24	Y	-	144,991.17	0.00				0.00
i6 UPGRADE - HARDWARE-10018355	11/03/2015	24	15050	296,299.39	12,345.81	24	Y	-	296,299.39	0.00				0.00
EOP DATABASE UPGRADE (2 CISCO SERV, 4 XEON PROC, 24-10018769	11/03/2015	24	15050	25,268.17	1,052.84	24	Y	-	25,268.17	0.00				0.00
QUARTERLY TAPE REFRESH-10018771	11/03/2015	24	15050	8,553.08	356.38	24	Y	-	8,553.08	0.00				0.00
UPS RACK, MEDIA GATEWAY, AND INSTALLATION FOR PHONE-10018772	11/03/2015	24	15050	8,763.64	365.15	24	Y	-	8,763.64	0.00				0.00
NETWORK SWITCHES (2) JAX BUILDOUT-10019011	11/03/2015	24	15050	6,086.42	253.60	24	Y	-	6,086.42	0.00				0.00
NETWORK HW, SLC CALL CENTER BUILDOUT-10019012	11/03/2015	24	15050	3,599.71	149.99	24	Y	-	3,599.71	0.00				0.00
QUARTERLY TAPE REFRESH-10019117	11/03/2015	24	15050	9,275.02	386.46	24	Y	-	9,275.02	0.00				0.00
4 POWER DISTRIBUTION UNITS-10017358	11/03/2015	31	15050	1,353.65	43.67	31	Y	-	1,353.65	0.00				0.00
HP 10 GIG SERVER ADAPTOR-10017385	11/03/2015	31	15050	1,072.89	34.61	31	Y	-	1,072.89	0.00				0.00
CISCO 3925 SEC BDL-10017448	11/03/2015	31	15050	4,572.34	147.49	31	Y	-	4,572.34	0.00				0.00
HP COMP (8) TO STAFF METLIFE SOH QUEST BUS-10018966	11/03/2015	31	15050	3,349.04	108.03	31	Y	-	3,349.04	0.00				0.00
HP PROBOOK (3), MONITOR (3), CRUMP STAFF-10019008	11/03/2015	31	15050	1,574.25	50.78	31	Y	-	1,574.25	0.00				0.00
HP PCS (11) HC STAFF ADDITIONS-10019037	11/03/2015	32	15050	4,823.01	150.72	32	Y	-	4,823.01	0.00				0.00
HP PCS FOR 4 NEW UW FOR AIG-10019052	11/03/2015	32	15050	2,436.57	76.14	32	Y	-	2,436.57	0.00				0.00
QUANTUM BACKUP TAPES-10017554	11/03/2015	33	15050	3,078.30	93.28	33	Y	-	3,078.30	0.00				0.00
MICRO CALL SERVER-10017569	11/03/2015	33	15050	5,855.80	177.45	33	Y	-	5,855.80	0.00				0.00
HP PCS (10) - WACO PW TRAINING ROOM-10019240	11/03/2015	34	15050	4,181.28	122.98	34	Y	-	4,181.28	0.00				0.00
HARDWARE - APC CORE UPGRADE PHASE 2-10017366	11/03/2015	35	15050	55,048.52	1,572.81	35	Y	-	55,048.52	0.00				0.00
2 SERVERS, CONNECTION CALBES, & OTHER PARTS-10017771	11/03/2015	35	15050	11,831.92	338.05	35	Y	-	11,831.92	0.00				0.00
IMATION BACKUP TAPES-10017783	11/03/2015	35	15050	3,519.50	100.56	35	Y	-	3,519.50	0.00				(0.00)
22 LG MONITORS & 22 DISPLAY PORTS-10017825	11/03/2015	36	15050	1,855.00	51.53	36	Y	-	1,855.00	0.00				0.00
QUARTERLY BACKUP TAPES & INSTALLATION-10017940	11/03/2015	38	15050	6,988.86	183.92	38	Y	-	6,988.86	0.00				0.00
10 ERS CLUSTER SERVERS-10017995	11/03/2015	41	15050	1,694.57	41.33	41	Y	-	1,694.57	0.00				0.00
CISCO CATALYST 2960 PORT SWITCH-10018132	11/03/2015	42	15050	551.49	13.13	42	Y	-	551.49	0.00				0.00
ROOM ALERT 32E, ROOM ALERT 12E, TEMP & HUMID SENSOR-10018243	11/03/2015	44	15050	1,664.49	37.83	44	Y	-	1,664.49	0.00				0.00
20 APC SYMMETRA BATTERY MODULES-10018239	11/03/2015	44	15050	7,750.91	176.16	44	Y	-	7,750.91	0.00				0.00
3 FLOOD & WATER SENSORS-10018241	11/03/2015	44	15050	822.22	18.69	44	Y	-	822.22	0.00				0.00
6 VIEWSONIC MONITORS, 4 SURGE STRIPS, & 3 LOGI-10018326	11/03/2015	44	15050	481.30	10.94	44	Y	-	481.30	0.00				0.00
4 VIEWSONIC MONITORS, 2 SURGE STRIPS, & 2 LOGI-10018329	11/03/2015	44	15050	320.87	7.29	44	Y	-	320.87	0.00				0.00
HP MSA STORAGE-10018361	11/03/2015	45	15050	8,793.72	195.42	45	Y	-	8,793.72	0.00				0.00
HP PROBOOK WITH DOCKING STATION-10018399	11/03/2015	45	15050	611.65	13.59	45	Y	-	611.65	0.00				0.00
HP ELITEBOOK, VIEWSONIC MONITOR, DOCKING STATION,-10018496	11/03/2015	45	15050	792.14	17.60	45	Y	-	792.14	0.00				0.00
QUARTERLY TAPE REFRESH-10018541	11/03/2015	46	15050	7,530.32	163.70	46	Y	-	7,530.32	0.00				0.00
HP SB 900GB HARDDRIVES (2)-10018597	11/03/2015	47	15050	762.06	16.21	47	Y	-	762.06	0.00				0.00
4 VIEWSONIC MONITORS & 4 SURGE STRIPS-10018536	11/03/2015	47	15050	320.87	6.83	47	Y	-	320.87	0.00				0.00
Kingston 16GB Memory (8)-10018544	11/03/2015	47	15050	862.33	18.35	47	Y	-	862.33	0.00				0.00
LG MONITOR (2), DOCKING STATION, EXTERNAL DRIVE-10018629	11/03/2015	48	15050	340.92	7.10	48	Y	-	340.92	0.00				0.00
VIEWSONIC MONITOR (2), HP DOCKING STATION (2)-10018630	11/03/2015	48	15050	300.81	6.27	48	Y	-	300.81	0.00				0.00
(2) VIEWSONIC MONITOR, APC BACKUP (JEFF HUGHES)-10018668	11/03/2015	48	15050	250.68	5.22	48	Y	-	250.68	0.00				0.00
(7) VIEWSONIC MONITOR-10018656	11/03/2015	49	15050	551.49	11.25	49	Y	-	551.49	0.00				0.00
APC SYMMETRA XR COM CARD-10018875	11/03/2015	53	15050	501.35	9.46	53	Y	-	501.35	0.00				(0.00)
VIEWSONIC MONITORS (26) FOR OPTUM PROJECT-10018907	11/03/2015	53	15050	3,008.12	56.76	53	Y	-	3,008.12	0.00				0.00

Asset Description	Date Placed in Service	Useful Life in Months	GL Account	Cost Basis	Monthly Depreciation	Months Depreciated	Fully Depreciated? (Y/N)	Monthly	Accum Depr	NBV	D.	DISPOSAL COST	ACCUM DEPR	NBV After Disposals
								Depreciation Expense						
84 FUJITSU SCANSNAP FOR ADDTL MRTS FOR OPTUM-10018909	11/03/2015	53	15050	25,769.52	486.22	53	Y	-	25,769.52	0.00				0.00
PELICAN CASES (84) FOR MRTS-10018914	11/03/2015	53	15050	10,127.32	191.08	53	Y	-	10,127.32	0.00				0.00
VIEWSONIC MONITORS (8) FOR JAX MRR STAFF FOR-10018965	11/03/2015	55	15050	752.03	13.67	55	Y	13.67	752.03	0.00				0.00
HP DOCK STATIONS (4) FOR WACO MRR STAFF ADDITIONS-10018983	11/03/2015	55	15050	551.49	10.03	55	Y	10.03	551.49	0.00				0.00
VIEWSONIC MONITORS (32), MISC COMP SUPPLIES (WACO-10018985	11/03/2015	55	15050	4,492.12	81.67	55	Y	81.67	4,492.12	0.00				0.00
HP DOCK, MONITOR, EQUIP (DEREK CZARNY)-10019004	11/03/2015	55	15050	260.70	4.74	55	Y	4.74	260.70	0.00				0.00
HP PROBOOK (DENISE STEPHENS)-10019005	11/03/2015	55	15050	1,042.81	18.96	55	Y	18.96	1,042.81	0.00				0.00
HP EXTERNAL STORAGE FOR STANDALONE LEFS EFFORT-10019006	11/03/2015	55	15050	451.22	8.20	55	Y	8.20	451.22	0.00				0.00
UPGD FTP ENV, HP SRV (2), INTEL XEON PROC (2), HD-10019042	11/03/2015	56	15050	5,454.72	97.41	55	N	97.41	5,357.31	97.41				97.41
VIEWSONIC MONITOR (11) HC STAFF ADDITIONS-10019038	11/03/2015	56	15050	2,115.71	37.78	55	N	37.78	2,077.93	37.78				37.78
HP PC (JEREL WARD)-10019054	11/03/2015	56	15050	431.16	7.70	55	N	7.70	423.46	7.70				7.70
MONITORS, DOCKS FOR 6 UW ADDITIONS FOR UHC CLIENT-10019060	11/03/2015	56	15050	2,386.44	42.61	55	N	42.61	2,343.82	42.61				42.61
HP DOCK (2) - VIENNA AUSTIN & WENDY HOLCOMB-10019145	11/03/2015	57	15050	350.95	6.16	55	N	6.16	338.63	12.31				12.31
VIEWSONIC MONITORS (8) - STAFF ADDITIONS-10019217	11/03/2015	58	15050	631.70	10.89	55	N	10.89	599.03	32.67				32.67
Viewsonic Monitors (52) for new HC Call Center-10019219	11/03/2015	58	15050	4,963.39	85.58	55	N	85.58	4,706.66	256.73				256.73
HP ELITEBOOK, SOLID STATE DRIVE - CHAD GROSS-10019220	11/03/2015	58	15050	1,423.84	24.55	55	N	24.55	1,350.19	73.65				73.65
ADDITIONAL MEMORY FOR VM HOSTS IN QA-10019224	11/03/2015	58	15050	5,504.85	94.91	55	N	94.91	5,220.12	284.73				284.73
HP ELITEBOOK, MONITOR (2), DOCK, MS VISIO, EXH --10019225	11/03/2015	58	15050	1,704.60	29.39	55	N	29.39	1,616.43	88.17				88.17
HP DOCK, ACER MONITOR, MS EXH, ACCESSORIES - SCOTT-10019228	11/03/2015	59	15050	531.43	9.01	55	N	9.01	495.40	36.03				36.03
HP PROBOOK - JACQUIE WAITS-10019281	11/03/2015	61	15050	631.70	10.36	55	N	10.36	569.57	62.13				62.13
HP SB 840 G2 ELITEBOOK, DOCK - LACY WITTE-10019300	11/04/2015	60	15050	1,714.87	28.58	55	N	28.58	1,571.96	142.91				142.91
Cisco UCS Blade Server Chassis for additional HC-10019337	11/10/2015	36	15050	7,218.99	200.53	36	Y	-	7,218.99	0.00				0.00
HP SB 840ELITEBK (3), HP MINI 400 PRODESK (2), VS-10019306	11/10/2015	36	15050	5,354.73	148.74	36	Y	-	5,354.73	0.00				0.00
HP SB MINI 400 G1 PRODESK (2), HP 840 G2 EB, VS-10019307	11/10/2015	60	15050	2,718.29	45.30	55	N	45.30	2,491.77	226.52				226.52
Cisco UCS SmartPlay (2) for additional HC Infr-10019336	11/11/2015	36	15050	27,941.04	776.14	36	Y	-	27,941.04	0.00				0.00
HP SB 840 G2 ELITEBOOK - SPARE IRVING PC-10019349	11/20/2015	60	15050	1,084.81	18.08	54	N	18.08	976.33	108.48				108.48
VIEWSONIC MONITOR, HP DOCK, MOUSE - ALEX VERSHININ-10019347	11/20/2015	60	15050	563.70	9.40	54	N	9.40	507.33	56.37				56.37
HP ELITEBOOK 840 G2 (2), VS MONITOR (2), DOCKING-10019357	12/02/2015	36	15050	2,709.35	75.26	36	Y	-	2,709.35	0.00				0.00
HP ELITEBOOK 840 (3) - UW STATE FARM BUS - DEBO-10019359	12/11/2015	36	15050	3,233.77	89.83	36	Y	-	3,233.77	0.00				0.00
HP SB MINI 400 PRODESK & VIEWSONIC MONITOR - JAX-10019381	12/11/2015	60	15050	829.79	13.83	54	N	13.83	746.81	82.98				82.98
HP ELITEBOOK 840 - ON DEMAND SETUPS-10019358	12/21/2015	36	15050	1,142.09	31.72	36	Y	-	1,142.09	0.00				0.00
HP ELITEBOOK, MONITOR, DOCK - IRVING SPARE-10019388	12/28/2015	36	15050	1,396.70	38.80	36	Y	-	1,396.70	0.00				0.00
HP SB ELITEBOOK 840 G2 (16) - WACO TRAINING ROOM-10019424	12/31/2015	60	15050	21,688.74	361.48	53	N	361.48	19,158.39	2,530.35				2,530.35
ERGOTRON ZIP40 CHARGING & MANAGEMENT CART - WACO-10019425	01/04/2016	60	15050	2,364.76	39.41	53	N	39.41	2,088.87	275.89				275.89
HP SB ELITEBOOK (4) - T. CASSARINO, S.MITCHELL, R.-10019405	01/07/2016	60	15050	5,934.61	98.91	53	N	98.91	5,242.24	692.37				692.37
CISCO CAT 2960 ETHERNET SWITCH & CISCO WL-N DUAL-10019438	01/08/2016	36	15050	2,099.07	58.31	36	Y	-	2,099.07	0.00				0.00
HP SB ELITEBOOK 840 - JOAN HOGAN-10019406	01/11/2016	36	15050	1,766.81	49.08	36	Y	-	1,766.81	0.00				0.00
HP SB ELITEBOOK 840 G2 & EQUIP - LEO LUTHER-10019410	01/12/2016	36	15050	1,421.05	39.47	36	Y	-	1,421.05	0.00				0.00
HP SB ELITEBOOK 840 (2) - IRVING SPARES-10019412	01/12/2016	36	15050	2,665.00	74.03	36	Y	-	2,665.00	0.00				(0.00)
HP SB ELITEBOOK 840 G2 (3) - F. NOUR, P.PERURI,-10019422	01/15/2016	60	15050	5,401.16	90.02	53	N	90.02	4,771.03	630.14				630.14
HP PRODESK 400 G2 (2) - JAX CC-10019421	01/19/2016	60	15050	1,309.30	21.82	52	N	21.82	1,134.73	174.57				174.57
HP PRODESK 400 G2 - FORT WORTH SPARE-10019417	01/28/2016	60	15050	685.63	11.43	52	N	11.43	594.21	91.42				91.42
F5 SWITCH REPLACEMENT (2)-10019423	01/29/2016	36	15050	106,915.98	2,969.89	36	Y	-	106,915.98	0.00				0.00
HP SB ELITEBOOK 840 G2 - JOHN JONASSEN-10019429	01/31/2016	60	15050	2,028.31	33.81	52	N	33.81	1,757.87	270.44				270.44
QUARTERLY TAPE REFRESH-10019439	02/05/2016	36	15050	8,477.20	235.48	36	Y	-	8,477.20	0.00				0.00
HP SB PRODESK 400 (6) - TA BUSINESS-10019469	02/12/2016	36	15050	4,044.15	112.34	36	Y	-	4,044.15	0.00				0.00
HP 255 G4 IGO LAPTOP - OAKLAND-10019479	02/16/2016	60	15050	746.34	12.44	51	N	12.44	634.39	111.95				111.95
QUARTERLY TAPE REFRESH-10019519	02/18/2016	60	15050	7,543.73	125.73	51	N	125.73	6,412.17	1,131.56				1,131.56
HP ELITEBOOK 840 G2 - JACQUELINE BENJAMIN-10019462	02/19/2016	36	15050	2,074.09	57.61	36	Y	-	2,074.09	0.00				0.00
ASUS ALL IN ONE PC - CONFERENCE USE-10019467	02/19/2016	36	15050	1,449.37	40.26	36	Y	-	1,449.37	0.00				0.00
HP SB ELITEBOOK 840 G2 - (2) - WINDOWS 10 LAPTOPS-10019472	02/24/2016	36	15050	2,453.52	68.15	36	Y	-	2,453.52	0.00				0.00
HP SB ELITEBOOK 840 G2, DOCK, VS MONITORS (2)-10019491	02/24/2016	60	15050	2,251.58	37.53	51	N	37.53	1,913.85	337.74				337.74
HW														

<u>Asset Description</u>	<u>Date Placed in</u>	<u>Useful Life in</u>	<u>GL Account</u>	<u>Cost Basis</u>	<u>Monthly Depreciation</u>	<u>Months Depreciated</u>	<u>Fully Depreciated?</u>	<u>Monthly</u>		<u>Accum Depr</u>	<u>NBV</u>	<u>D</u>	<u>DISPOSAL COST</u>	<u>ACCUM DEPR</u>	<u>NBV After Disposals</u>
	<u>Service</u>	<u>Months</u>						<u>Depreciation</u>	<u>Expense</u>						
DATA BACKUPS - 4 EXTERNAL HDS-10029028	01/31/2017	60	15050	728.65	12.14	40	N	12.14		485.76	242.88				242.88
FW DATA CENTER UPGRADE-10027029	02/28/2017	60	15050	2,848.61	47.48	39	N	47.48		1,851.59	997.01				997.01
PHONE HEADSETS (150)-10029026	03/16/2017	60	15050	16,491.23	274.85	38	N	274.85		10,444.45	6,046.79				6,046.79
4 RACK PDU 2G OUTPUT RECEPTACLES-10034025	03/31/2017	60	15050	1,906.01	31.77	38	N	31.77		1,207.14	698.87				698.87
IRVING DATA CENTER UPGRADE-10027027	03/31/2017	60	15050	37,366.71	622.78	38	N	622.78		23,665.58	13,701.13				13,701.13
XP UPGRADE - WACO-10031027	03/31/2017	60	15050	55,750.11	929.17	38	N	929.17		35,308.40	20,441.71				20,441.71
JACKSONVILLE DATA CENTER UPGRADE-10031030	04/30/2017	60	15050	1,738.09	28.97	37	N	28.97		1,071.82	666.27				666.27
SECURE PRINT	04/30/2017	60	15050	12,233.34	203.89	37	N	203.89		7,543.89	4,689.45				4,689.45
5 DELL EPORT REPLICATORS	04/30/2017	60	15050	936.58	15.61	37	N	15.61		577.56	359.02				359.02
4 DELL EPORT REPLICATORS	04/30/2017	60	15050	748.87	12.48	37	N	12.48		461.80	287.07				287.07
3 DELL LAT LAPTOPS	05/31/2017	60	15050	4,647.69	77.46	36	N	77.46		2,788.61	1,859.08				1,859.08
IPAD MINI 2 PROJECT	05/31/2017	60	15050	18,201.10	303.35	36	N	303.35		10,920.66	7,280.44				7,280.44
Trade Show Marketing Disp	06/14/2017	60	15050	6,472.68	107.88	36	N	107.88		3,883.61	2,589.07				2,589.07
DELL CTO E7470 I56300U 25	06/14/2017	60	15050	1,380.19	23.00	36	N	23.00		828.11	552.08				552.08
(5) DELL CTO E7470 I15630	06/14/2017	60	15050	6,900.94	115.02	36	N	115.02		4,140.56	2,760.38				2,760.38
(2) DELL CTO E7470 I56300	06/14/2017	60	15050	2,760.38	46.01	36	N	46.01		1,656.23	1,104.15				1,104.15
(1) HID FARGO DTC1250E BA	06/14/2017	60	15050	1,525.19	25.42	36	N	25.42		915.11	610.08				610.08
(10) SENN SC630 HEADSET O	06/14/2017	60	15050	1,424.84	23.75	36	N	23.75		854.90	569.94				569.94
(10) SENN CSTD01 DIRECT C	06/16/2017	60	15050	103.64	1.73	35	N	1.73		60.46	43.18				43.18
ITP-FY18-0245 Bone Densit	07/31/2017	60	15050	6,553.62	109.23	34	N	109.23		3,713.72	2,839.90				2,839.90
0717 ITP-FY18_0236 Unity-	09/30/2017	60	15050	15,974.05	266.23	32	N	266.23		8,519.49	7,454.56				7,454.56
DOCUSIGN INTEGRATION	09/30/2017	60	15050	14,252.24	237.54	32	N	237.54		7,601.19	6,651.05				6,651.05
ITP-FY18-0031 - Video Sur	09/30/2017	60	15050	9,089.89	151.50	32	N	151.50		4,847.94	4,241.95				4,241.95
ITP-FY18-0244 - CSR Heads	09/30/2017	60	15050	2,225.53	37.09	32	N	37.09		1,186.95	1,038.58				1,038.58
ITP-FY18-0244 CSR Headset	10/01/2017	60	15050	7,262.99	121.05	32	N	121.05		3,873.59	3,389.40				3,389.40
ITP-FY18-0032-Video Surve	10/31/2017	60	15050	347.10	5.79	31	N	5.79		179.34	167.77				167.77
ITP-FY19-0105 FTW VMWare	12/04/2017	60	15050	907.67	15.13	30	N	15.13		453.84	453.84				453.84
ITP-FY18-0026 Ricoh Secur	12/01/2017	60	15050	41,734.90	695.58	30	N	695.58		20,867.45	20,867.45				20,867.45
Dell Laptops - 17 for Sr Branch Managers	12/12/2017	60	15050	30,020.03	500.33	30	N	500.33		15,010.02	15,010.02				15,010.02
1-FTW Inventory-Dell Dock	12/01/2017	60	15050	195.94	3.27	30	N	3.27		97.97	97.97				97.97
22 Dells with Docks, Mice, Keyboards & Tarus Cases	11/30/2017	60	15050	41,052.60	684.21	30	N	684.21		20,526.30	20,526.30				20,526.30
5 Dells with Docking Station, Mice & Keyboards	10/15/2017	60	15050	8,834.22	147.24	32	N	147.24		4,711.58	4,122.64				4,122.64
ITP-FY18-0019 - Encryption at Rest-Migration of All	10/19/2017	60	15050	70,236.17	1,170.60	31	N	1,170.60		36,288.69	33,947.48				33,947.48
Computer Room Door Lock	10/01/2017	60	15050	3,814.48	63.57	32	N	63.57		2,034.39	1,780.09				1,780.09
Panther Way - Computer Room Door Lock	10/02/2017	60	15050	1,918.96	31.98	32	N	31.98		1,023.45	895.51				895.51
Netgear Switches - 5 of 10	10/09/2017	60	15050	4,232.08	70.53	32	N	70.53		2,257.11	1,974.97				1,974.97
Dell Laptops - 5	10/29/2017	60	15050	7,911.02	131.85	31	N	131.85		4,087.36	3,823.66				3,823.66
Fujitsu Scanners-3	11/04/2017	60	15050	3,150.68	52.51	31	N	52.51		1,627.85	1,522.83				1,522.83
Fortinet Fortitoken MOB SW	12/24/2017	60	15050	3,062.74	51.05	29	N	51.05		1,480.32	1,582.42				1,582.42
Dell Laptops for FTW	10/24/2017	60	15050	9,494.29	158.24	31	N	158.24		4,905.38	4,588.91				4,588.91
10 Dell Docking Stations	11/07/2017	60	15050	1,583.94	26.40	31	N	26.40		818.37	765.57				765.57
10 Dell Laptops	10/31/2017	60	15050	15,674.87	261.25	31	N	261.25		8,098.68	7,576.19				7,576.19
PW Workstations Buildout	11/07/2017	60	15050	18,003.00	300.05	31	N	300.05		9,301.55	8,701.45				8,701.45
NITRO PRO 11 N4E COMM LIC 50-99U	11/09/2017	60	15050	2,587.82	43.13	31	N	43.13		1,337.04	1,250.78				1,250.78
10 Dells	01/17/2018	60	15050	17,335.61	288.93	28	N	288.93		8,089.95	9,245.66				9,245.66
VMWARE WKSSP	07/31/2017	60	15050	6,756.22	112.60	34	N	112.60		3,828.52	2,927.70				2,927.70
Amazon - ETARATECH - 1 for Tseng's upgrade	01/31/2018	60	15050	185.74	3.10	28	N	3.10		86.68	99.06				99.06
IRVING FIREWALL UPGRADE	01/02/2018	60	15050	6,037.51	100.63	29	N	100.63		2,918.13	3,119.38				3,119.38
ITP-FY18-0284-CSR Headset Upgrade/Standardization Proje	01/15/2018	60	15050	15,822.73	263.71	29	N	263.71		7,647.65	8,175.08				8,175.08
Dell CTO LTO-7 Tape Media	01/09/2018	60	15050	11,691.00	194.85	29	N	194.85		5,650.65	6,040.35				6,040.35
FUJITSU F1-716- SCANNER	01/05/2018	60	15050	1,050.31	17.51	29	N	17.51		507.65	542.66				542.66
30 DELL TOUCH MONITORS	01/26/2018	60	15050	10,189.36	169.82	28	N	169.82		4,755.03	5,434.33				5,434.33
DELL CTO LTO-7 TAPE MEDIA	01/09/2018	60	15050	11,691.00	194.85	29	N	194.85		5,650.65	6,040.35				6,040.35
DELL CTO PV ML6010	11/20/2017	60	15050	21,675.41	361.26	30	N	361.26		10,837.71	10,837.71				10,837.71
DELL CTO ML6000	03/31/2018	60	15050	53,876.88	897.95	26	N	897.95		23,346.65	30,530.23				30,530.23
24 CUBES - DATA AND VOICE	03/31/2018	60	15050	6,400.00	106.67	26	N	106.67		2,773.33	3,626.67				3,626.67
ITP-FY18-0008 - Enterprise Workstation	06/12/2018	60	15050	330,403.66	5,506.73	24	N	5,506.73		132,161.46	198,242.20				198,242.20
Dongle Server - USB	05/22/2018	60	15050	1,045.84	17.43	24	N	17.43		418.34	627.50				627.50
5-EMS-Unity Hard Drives	07/31/2018	60	15050	4,595.32	76.59	22	N	76.59		1,684.95	2,910.37				2,910.37
EMC-Unity Hard Drives	12/31/2018	60	15050	4,595.32	76.59	17	N	76.59		1,302.01	3,293.31				3,293.31
UNLABELED TAPES FOR BACKU	07/31/2018	60	15050	10,783.42	179.72	22	N	179.72		3,953.92	6,829.50				6,829.50
CDW Computers	12/31/2018	60	15050	12,990.14	216.50	17	N	216.50		3,680.54	9,309.60				9,309.60
ITP - FY2018-0294-Deploy iPad Minis to Examiners	07/31/2018	60	15050	102,563.07	1,709.38	22	N	1,709.38		37,606.46	64,956.61				64,956.61
ITP-FY19-0158-PW SHUTDOWN	02/28/2019	60	15050	2,748.54	45.81	15	N	45.81		687.14	2,061.41				2,061.41
ITP-FY19-001-3 CAPEX PURCHASES (IN SERVICE UPON	02/28/2019	60	15050	4,006.69	66.78	15	N		66.78	1,001.67	3,005.02				3,005.02
D3-DELL DRIVE	06/30/2019	60	15050	85,149.35	1,419.16	11	N	1,419.16		15,610.71	69,538.64				69,538.64
DS - Dell Hardware	06/30/2019	60	15050	17,696.29	294.94	11	N	294.94		3,244.32	14,451.97				14,451.97
D3 - Dell Drive Unity	06/30/2019	60	15050	85,133.46	1,418.89	11	N	1,418.89		15,607.80	69,525.66				69,525.66
138 - FY20 CapEx Purchase CDW Tapes	06/30/2019	36	15050	20,519.85	570.00	11	N	570.00		6,269.95	14,249.90				14,249.90
DE - DELL Unity 6TB Drive	06/30/2019	60	15050	86,237.30	1,437.29	11	N	1,437.29		15,810.17	70,427.13				70,427.13
Dell Financial Services Servers	10/31/2019	60	15050	63,342.30	1,055.71	7	N	1,055.71		7,389.94	55,952.37				55,952.37
1 DELL 7400 17-8665U AND KINGSTON 8GB DDR4	12/31/2019	60	15050	3,662.40	61.04	5	N	61.04		305.20	3,357.20				3,357.20
1 DELL 7400	03/31/2020	60	15050	2,102.11	35.04	2	N	35.04		70.07	2,032.04				2,032.04
2 Dell Latitude 7400 BTX 2 Dell Dock -WD19 90 PD	05/31/2020	60	15050	2587.17	43.12	0	N	-		0.00	2,587.17				2,587.17

<u>Asset Description</u>	<u>Date Placed in Service</u>	<u>Useful Life in Months</u>	<u>GL Account</u>	<u>Cost Basis</u>	<u>Monthly Depreciation</u>	<u>Months Depreciated</u>	<u>Fully Depreciated? (Y/N)</u>	<u>Monthly Depreciation Expense</u>	<u>Accum Depr</u>	<u>NBV</u>	<u>D</u>	<u>DISPOSAL COST</u>	<u>ACCUM DEPR</u>	<u>NBV After Disposals</u>
15050 TOTAL - COMPUTER EQUIPMENT				3,153,898.41				36,528.37	2,130,532.70	1,020,778.54	T	1,443.90	1,443.90	1,020,778.54
	<u>Purchase Date</u>		<u>GL Account</u>	<u>Cost Basis</u>										
ORACLE - ACCTS RECEIVABLE-10004388	11/03/2015	24	15070	1,713.92	71.41	24	Y	-	1,713.92	0.00	D	1,713.92	1,713.92	0.00
ITT - APP SOLUTIONS-10005864	11/03/2015	24	15070	4,005.15	166.88	24	Y	-	4,005.15	0.00				0.00
LE WEB APPLICATION-10006606	11/03/2015	24	15070	1,722.94	71.79	24	Y	-	1,722.94	0.00				0.00
1 DATAWATCH MODELER LICENSE-10018538	11/03/2015	24	15070	1,398.19	58.26	24	Y	-	1,398.19	0.00				0.00
INSTALL NEW CARD ACCESS CONTROL SYSTEM-10018639	11/03/2015	24	15070	5,953.60	248.07	24	Y	-	5,953.60	0.00				0.00
BLACK ICE BATCH CONVERTER-10018919	11/03/2015	24	15070	4,095.36	170.64	24	Y	-	4,095.36	0.00				(0.00)
BATCH IMAGING CONVERTER - FOR USE WITH MRT-10019034	11/03/2015	24	15070	2,489.69	103.74	24	Y	-	2,489.69	0.00				0.00
LABOR - S2 Examiner Error Tracking and Scheduling-10019079	11/03/2015	36	15070	17,916.53	497.68	36	Y	-	17,916.53	0.00				0.00
Labor - Haven Life ACORD Order/Return 1122 Via Web-10019185	11/05/2015	36	15070	5,629.34	156.37	36	Y	-	5,629.34	0.00				0.00
Labor - APS Report & Specific Solutions-10019264	11/05/2015	36	15070	3,146.57	87.40	36	Y	-	3,146.57	0.00				(0.00)
LABOR - Pacific Life FTP Delivery Express Reports-10018860	11/06/2015	36	15070	1,145.21	31.81	36	Y	-	1,145.21	0.00				0.00
Labor - Lincoln National B2B Ordering-10019194	11/06/2015	36	15070	2,655.87	73.77	36	Y	-	2,655.87	0.00				0.00
Labor - Optum and Highmark Report Setup Option--10019330	11/06/2015	36	15070	2,547.38	70.76	36	Y	-	2,547.38	0.00				0.00
LABOR - USAA Changes for APS Summary Document-10019101	11/10/2015	36	15070	15,637.66	434.38	36	Y	-	15,637.66	0.00				0.00
Labor - Loading Optum Chart Retrieval Projects on-10019251	11/10/2015	36	15070	8,648.72	240.24	36	Y	-	8,648.72	0.00				0.00
Labor - EOP Data Service Improvement-10019249	11/11/2015	36	15070	19,009.47	528.04	36	Y	-	19,009.47	0.00				0.00
Labor - SmartPartner to Oracle Receivables & Daily-10019198	11/15/2015	36	15070	4,231.80	117.55	36	Y	-	4,231.80	0.00				0.00
Labor - Match Review Test Harness-10019258	11/15/2015	36	15070	2,590.38	71.96	36	Y	-	2,590.38	0.00				0.00
LABOR - Genworth 121 ACORD-10018883	11/20/2015	36	15070	18,024.49	500.68	36	Y	-	18,024.49	0.00				0.00
Labor - Streamline HSD CCIS Examiner Setup-10019192	11/20/2015	36	15070	2,908.09	80.78	36	Y	-	2,908.09	0.00				0.00
Labor - EOL Phone iOS 9 Support-10019313	11/23/2015	36	15070	4,498.82	124.97	36	Y	-	4,498.82	0.00				0.00
Labor - EOL Account Maintenance-10019312	11/30/2015	36	15070	8,727.27	242.42	36	Y	-	8,727.27	0.00				0.00
Labor - EOL User & Navigation Enhancements-10019314	11/30/2015	36	15070	9,542.38	265.07	36	Y	-	9,542.38	0.00				0.00
Labor - USAA & SLA Report-10019319	11/30/2015	36	15070	3,889.04	108.03	36	Y	-	3,889.04	0.00				0.00
Labor - Generic Status Alias Type--Phase 2-10019328	12/01/2015	36	15070	1,728.48	48.01	36	Y	-	1,728.48	0.00				0.00
Labor - Facility Information Auto Status-10019322	12/02/2015	36	15070	1,126.07	31.28	36	Y	-	1,126.07	0.00				0.00
LABOR - PGMU Migration to Generic Order-10019067	12/04/2015	36	15070	11,159.31	309.98	36	Y	-	11,159.31	0.00				0.00
LABOR - Select Quote Application Packet Auto Upload-10019100	12/07/2015	36	15070	11,228.57	311.90	36	Y	-	11,228.57	0.00				0.00
Labor - MetLife Direct B2B Connectivity-10019315	12/07/2015	36	15070	5,230.22	145.28	36	Y	-	5,230.22	0.00				0.00
Labor - Special Instructions Default-10019320	12/09/2015	36	15070	3,404.47	94.57	36	Y	-	3,404.47	0.00				0.00
Labor - Logging Enhancements-10019324	12/10/2015	36	15070	9,091.52	252.54	36	Y	-	9,091.52	0.00				0.00
LABOR - USAA SEZ Scheduling Interface & Phase 1-10019080	12/14/2015	36	15070	27,374.33	760.40	36	Y	-	27,374.33	0.00				0.00
Labor - eEvaluation ICD10 CRA Child and Infant-10019260	12/14/2015	36	15070	22,329.92	620.28	36	Y	-	22,329.92	0.00				0.00
Labor - eEvaluation ICD10 MA XML Data Capture-10019262	12/14/2015	36	15070	4,975.84	138.22	36	Y	-	4,975.84	0.00				0.00
LABOR - Prudential IGO Mobile Wording Changes-10018848	12/17/2015	36	15070	3,659.87	101.66	36	Y	-	3,659.87	0.00				0.00
LABOR - ECM Support Application-10018933	12/22/2015	36	15070	9,326.75	259.08	36	Y	-	9,326.75	0.00				0.00
Labor - SBLI - Modifications-10019318	01/08/2016	36	15070	1,866.29	51.84	36	Y	-	1,866.29	0.00				0.00
Labor - John Hancock & Agent Report Package & Other-10019321	01/11/2016	36	15070	2,427.59	67.43	36	Y	-	2,427.59	0.00				0.00
Labor - EMSI Doc Converter-10019195	01/13/2016	36	15070	8,913.56	247.60	36	Y	-	8,913.56	0.00				0.00
Labor - SEZ Scheduling Interface Enhancements & -10019255	01/20/2016	36	15070	12,849.69	356.94	36	Y	-	12,849.69	0.00				0.00
LABOR - InterfacePoint Upgrade-10018843	02/07/2016	36	15070	49,243.73	1,367.88	36	Y	-	49,243.73	0.00				0.00
LABOR - MML IGO Mobile WAP-10018957	02/11/2016	36	15070	5,946.06	165.17	36	Y	-	5,946.06	0.00				0.00
Labor - MVR Enhancements-10019332	02/16/2016	36	15070	7,981.05	221.70	36	Y	-	7,981.05	0.00				0.00
LABOR - Aegon IGO Mobile WAP-10019070	02/18/2016	36	15070	1,674.45	46.51	36	Y	-	1,674.45	0.00				0.00
Labor - AG Major Forms CT-10019338	02/29/2016	36	15070	1,813.22	50.37	36	Y	-	1,813.22	0.00				0.00
Labor - Michigan Farm Bureau Modifications-10019360	02/29/2016	36	15070	8,894.77	247.08	36	Y	-	8,894.77	0.00				0.00
SW - Encryption at Rest-10019383	03/01/2016	36	15070	81,554.49	2,265.40	36	Y	-	81,554.49	0.00				0.00
Labor - Create UI for CampaignStaging in Hub-10019393	03/01/2016	36	15070	8,898.74	247.19	36	Y	-	8,898.74	0.00				0.00
LABOR - Hartford Group B2B Connectivity for Placing-10019106	03/11/2016	36	15070	27,828.57	773.02	36	Y	-	27,828.57	0.00				0.00
LABOR - USAA - MOVE FROM LEGACY SYSTEM-10019291	03/20/2016	36	15070	28,017.36	778.26	36	Y	-	28,017.36	0.00				0.00
LABOR - Nationwide IGO Mobile WAP-10019172	03/29/2016	36	15070	5,007.66	139.10	36	Y	-	5,007.66	0.00				0.00
LABOR - GE3 MIGRATION PHASE 2-10018930	03/31/2016	36	15070	5,016.63	139.35	36	Y	-	5,016.63	0.00				0.00
LABOR - FY15 CO: Optum Emerald Report--Phase 3-10019076	03/31/2016	36	15070	1,753.74	48.72	36	Y	-	1,753.74	0.00				(0.00)
ERICOM REMOTE DESKTOP SOFTWARE (100)-10019301	11/06/2015	36	15070	15,150.11	420.84	36	Y	-	15,150.11	0.00				0.00
MS WIN PRO UPGRADE (23) - JAX CALL CENTER-10019302	11/09/2015	36	15070	3,561.91	98.94	36	Y	-	3,561.91	0.00				0.00
MONOCHROME SERVER 4 THREADS - LICENSES-10019353	11/25/2015	36	15070	3,503.61	97.32	36	Y	-	3,503.61	0.00				0.00
BLACK ICE SOFTWARE-10019390	12/10/2015	36	15070	1,121.20	31.14	36	Y	-	1,121.20	0.00				0.00
MS OFFICE/EXCH (5) - JAX CC ADDITIONS-10019409	01/06/2016	36	15070	1,903.03	52.86	36	Y	-	1,903.03	0.00				(0.00)
MANAGE ENGINE NETFLOW ANALYZER ESSENTIAL - 50-10019457	02/17/2016	36	15070	3,382.73	93.96	36	Y	-	3,382.73	0.00				0.00
MS WINDOWS PROFESSIONAL DEVELOPER (10)-10019523	04/04/2016	36	15070	1,676.43	46.57	36	Y	-	1,676.43	0.00				0.00
Labor - eEvaluation ICD10 CRA XML Data Capture-10019394	04/28/2016	36	15070	5,577.71	154.94	36	Y	-	5,577.71	0.00				0.00
MCAFEE LICENSES (13)-10026944	05/05/2016	36	15070	837.18	23.26	36	Y	-	837.18	0.00				0.00
MS OFF,EXCH,VISIO 2016 - SHERRY CREWS-10026959	05/23/2016	36	15070	625.11	17.36	36	Y	-	625.11	0.00				0.00
MICROSOFT SQL SERVER ENTERPRISE-10026990	05/31/2016	36	15070	33,811.13	939.20	36	Y	-	33,811.13	0.00				0.00
LABOR - EMSI/NATG Training Site Interface-10019108	06/01/2016	36	15070	37,567.60	1,043.54	36	Y	-	37,567.60	0.00				0.00
LABOR - Move Field Zip code Routing to EOP-10019171	06/05/2016	36	15070	16,234.33	450.95	36	Y	-	16,234.33	0.00				0.00
Labor - Managing Enterprise Processing Centers-10019186	06/05/2016	36	15070	23,968.63	665.80	36	Y	-	23,968.63	0.00				0.00
Labor - S2/iSchedule integration with ScheduleEZ-10019372	06/11/2016	36	15070	184,528.54	5,125.79	36	Y	-	184,528.54	0.00				0.00
SOFTWARE LICENSES MICHELLE WILLIAMS-10026983	06/22/2016	36	15070	617.53	17.15	36	Y	-	617.53	0.00				0.00
EXTERNAL EVENT LISTENER-10026986	06/30/2016	36	15070	24,616.62	683.80	36	Y	-	24,616.62	0.00				0.00
Labor - Sales Volume Report-10019458	07/31/2016	36	15070	8,495.96	236.00	36	Y	-	8,495.96	0.00				0.00
IRVING UPS BATTERY REPLACEMENT-10026979	07/31/2016	36	15070	10,218.87	283.86	36	Y	-	10,218.87	0.00				0.00
BACKUP SOLUTION-10026982	07/31/2016	36	15070	87,843.78	2,440.11	36	Y	-	87,843.78	0.00				0.00
LABOR - ENCRYPTION AT REST-10019382	08/31/2016	36	15070	182,816.33	5,078.23	36	Y	-	182,816.33	0.00				0.00

<u>Asset Description</u>	<u>Date Placed in Service</u>	<u>Useful Life in Months</u>	<u>GL Account</u>	<u>Cost Basis</u>	<u>Monthly Depreciation</u>	<u>Months Depreciated</u>	<u>Fully Depreciated? (Y/N)</u>	<u>Monthly Depreciation Expense</u>	<u>Accum Depr</u>	<u>NBV</u>	<u>D</u>	<u>DISPOSAL COST</u>	<u>ACCUM DEPR</u>	<u>NBV After Disposals</u>
Labor - Quality Issues Tracking in ECM-10019399	08/31/2016	36	15070	33,343.12	926.20	36	Y	-	33,343.12	0.00				0.00
BACKUP SOLUTION-10027000	08/31/2016	36	15070	73,340.67	2,037.24	36	Y	-	73,340.67	0.00				0.00
LABOR - Remove Exam Oracle from Ordering Process-10018782	09/30/2016	36	15070	57,830.26	1,606.40	36	Y	-	57,830.26	0.00				0.00
MD5 REMEDIATION-10026989	10/31/2016	36	15070	12,652.10	351.45	36	Y	-	12,652.10	0.00				0.00
CCIS DATAMART-10027010	10/31/2016	36	15070	5,982.66	166.19	36	Y	-	5,982.66	0.00				0.00
Labor - MRR Workflow Improvements ĩ Phase 1-10019528	11/04/2016	36	15070	75,254.01	2,090.39	36	Y	-	75,254.01	0.00				0.00
NITRO PRO LICENSES - 2-10027030	11/30/2016	36	15070	1,353.41	37.59	36	Y	-	1,353.41	0.00				0.00
ADOBE ROBOHELP LICENSE-10027031	11/30/2016	36	15070	984.12	27.34	36	Y	-	984.12	0.00				0.00
Labor--DOS Validation for ICD Effective Dates-10027037	11/30/2016	36	15070	938.33	26.06	36	Y	-	938.33	0.00				0.00
WINDOWS XP UPGRD - IRVING-10019238	01/31/2017	36	15070	243,555.12	6,765.42	36	Y	-	243,555.12	0.00				0.00
Labor - eNation Mobile Imaging (Phase 2)-10019526	01/31/2017	36	15070	4,689.94	130.28	36	Y	-	4,689.94	0.00				0.00
Infrastructure Remediation: Upgrade Switches and-10027001	01/31/2017	36	15070	258,616.70	7,183.80	36	Y	-	258,616.70	0.00				0.00
HYPERION PHASE 1-10027005	01/31/2017	36	15070	164,976.93	4,582.69	36	Y	-	164,976.93	0.00				0.00
SECURITY: WIRELESS ACCESS POINT REMEDIATION-10027006	01/31/2017	36	15070	40,990.27	1,138.62	36	Y	-	40,990.27	0.00				0.00
Labor--Quality/Error tracking in ECM--Phase 2-10027038	01/31/2017	36	15070	898.66	24.96	36	Y	-	898.66	0.00				0.00
WACO DATA CENTER UPGRADE-10028026	01/31/2017	36	15070	74,035.88	2,056.55	36	Y	-	74,035.88	0.00				0.00
LABOR - DAVINCI 2.05 REPORTS-10017954	02/28/2017	36	15070	7,829.47	217.49	36	Y	-	7,829.47	0.00				0.00
LABOR - TELEPRO EHR CASE MGMT/WORKFLOW-10018389	02/28/2017	36	15070	450,394.20	12,510.95	36	Y	-	450,394.20	0.00				0.00
LABOR - Emerald Customer Implementation-10018829	02/28/2017	36	15070	375,710.68	10,436.41	36	Y	-	375,710.68	0.00				(0.00)
Labor - Davinci - Get Next Application-10019524	02/28/2017	36	15070	175,486.37	4,874.62	36	Y	-	175,486.37	0.00				0.00
Member Priority for HHC-10026985	02/28/2017	36	15070	36,316.51	1,008.79	36	Y	-	36,316.51	0.00				0.00
SECURITY: 8 SERVERS TO COMPLETE P2V-10026994	02/28/2017	36	15070	130,084.95	3,613.47	36	Y	-	130,084.95	0.00				0.00
PC BREAK/FIX-10026996	02/28/2017	36	15070	29,559.18	821.09	36	Y	-	29,559.18	0.00				0.00
EXTERNAL EVENT LISTENER - PHASE 2-10027018	02/28/2017	36	15070	9,577.25	266.03	36	Y	-	9,577.25	0.00				0.00
Labor--Ebix B2B Originator for Ordering Offices-10027032	02/28/2017	36	15070	4,041.71	112.27	36	Y	-	4,041.71	0.00				0.00
Labor--Examiner Attestation Feature--eNation-10028030	02/28/2017	36	15070	2,437.75	67.72	36	Y	-	2,437.75	0.00				0.00
HEDIS LETTERS-10030028	02/28/2017	36	15070	6,189.57	171.93	36	Y	-	6,189.57	0.00				0.00
SEA IMPROVEMENTS-10026988	03/31/2017	36	15070	53,982.46	1,499.51	36	Y	-	53,982.46	0.00				0.00
Security Enhancements: Jacksonville Call Center-10027024	03/31/2017	36	15070	13,413.58	372.60	36	Y	-	13,413.58	0.00				0.00
MMR FORMAT CHANGES-10030026	03/31/2017	36	15070	4,144.61	115.13	36	Y	-	4,144.61	0.00				0.00
S-2 PICSASSO INTEGRATION	05/09/2017	36	15070	7,403.99	205.67	36	Y	-	7,403.99	0.00				0.00
LABOR - EDEN EXTENDED SER	06/30/2017	36	15070	13,292.32	369.23	35	N	369.23	12,923.09	369.23				369.23
LABOR - Eden Rendition Pr	06/30/2017	36	15070	6,725.46	186.82	35	N	186.82	6,538.64	186.82				186.82
LABOR - Eden Archival	06/30/2017	36	15070	178,547.93	4,959.66	35	N	4,959.66	173,588.27	4,959.66				4,959.66
Windows 10 Support for Se	06/30/2017	36	15070	389,479.28	10,818.87	35	N	10,818.87	378,660.41	10,818.87				10,818.87
SECURITY ENHANCEMENTS	06/30/2017	36	15070	331,465.90	9,207.39	35	N	9,207.39	322,258.51	9,207.39				9,207.39
LABOR - NEW CSR UI FOR HH	06/30/2017	36	15070	102,866.84	2,857.41	35	N	2,857.41	100,009.43	2,857.41				2,857.41
ITP-FY18-0155 - SynqQ Cha	07/13/2017	36	15070	8,986.31	249.62	35	N	249.62	8,736.69	249.62				249.62
ITP-FY18-0116 - Integrate	07/18/2017	36	15070	6,165.70	171.27	34	N	171.27	5,823.16	342.54				342.54
ITP-FY18-0225 - SEA Manag	07/20/2017	36	15070	4,303.14	119.53	34	N	119.53	4,064.08	239.06				239.06
ITP-FY18-0204 - MOR/MMR N	07/21/2017	36	15070	1,656.71	46.02	34	N	46.02	1,564.67	92.04				92.04
ITP-FY18-0250 - Electroni	07/26/2017	36	15070	3,791.06	105.31	34	N	105.31	3,580.45	210.61				210.61
2- Unity- Software & Supp	07/31/2017	36	15070	976.46	27.12	34	N	27.12	922.21	54.25				54.25
ITP-FY18-0203 - Diabetic	08/01/2017	36	15070	11,111.97	308.67	34	N	308.67	10,494.64	617.33				617.33
Labor - NextGen ħ EHR Ven	09/30/2017	36	15070	56,177.42	1,560.48	32	N	1,560.48	49,935.48	6,241.94				6,241.94
Ceridian HCM	09/30/2017	36	15070	454,927.59	12,636.88	32	N	12,636.88	404,380.08	50,547.51				50,547.51
ITP-FY18-0160 - Enchance	09/30/2017	36	15070	25,572.72	710.35	32	N	710.35	22,731.31	2,841.41				2,841.41
ITP-FY18-0016 - GFI LANGu	10/01/2017	36	15070	6,000.47	166.68	32	N	166.68	5,333.75	666.72				666.72
ITP-FY18-0057 Terminal Sv	10/01/2017	36	15070	17,545.84	487.38	32	N	487.38	15,596.30	1,949.54				1,949.54
ITP-FY18-0108 - Upgrade E	10/22/2017	36	15070	113,060.85	3,140.58	31	N	3,140.58	97,357.95	15,702.90				15,702.90
ITP-FY18-0040-Implement D	10/31/2017	36	15070	1,387.97	38.55	31	N	38.55	1,195.20	192.77				192.77
ITP-FY18-0231 - Ricoh Secure Print in WCP and WPW	10/01/2017	36	15070	14,995.51	416.54	32	N	416.54	13,329.34	1,666.17				1,666.17
MS MPSAB SQL Server	12/01/2017	36	15070	72,833.62	2,023.16	30	N	2,023.16	60,694.68	12,138.94				12,138.94
MS MPSAB DYNCRMSVR PRO US	12/08/2017	36	15070	18,985.17	527.37	30	N	527.37	15,820.98	3,164.20				3,164.20
MS MPSAC WIN SERVER DATCR	12/01/2017	36	15070	11,434.45	317.62	30	N	317.62	9,528.71	1,905.74				1,905.74
MS MPSAB WIN SERVER DATCR	12/01/2017	36	15070	46,181.07	1,282.81	30	N	1,282.81	38,484.23	7,696.85				7,696.85
CR2996 Vantage CRA	11/30/2017	36	15070	764.31	21.23	30	N	21.23	636.93	127.39				127.39
ITP-FY18-0223 - iGO Special Authorization Handling	12/12/2017	36	15070	5,887.86	163.55	30	N	163.55	4,906.55	981.31				981.31
CR3130 KOC Tele-interview	11/30/2017	36	15070	12,692.19	352.56	30	N	352.56	10,576.83	2,115.37				2,115.37
CR3167 BNSF iSchedule to S2 Conversion	01/04/2018	36	15070	38,915.64	1,080.99	29	N	1,080.99	31,348.71	7,566.93				7,566.93
CR3198 Thrivent Addtl Exam Acct for DOI	09/30/2017	36	15070	2,598.82	72.19	32	N	72.19	2,310.06	288.76				288.76
ITP-FY18-0232 - Ricoh Secure Print in FTW	11/01/2017	36	15070	1,800.14	50.00	31	N	50.00	1,550.12	250.02				250.02
CRA Oscar Customer Implementation	11/21/2017	36	15070	14,176.43	393.79	30	N	393.79	11,813.69	2,362.74				2,362.74
ITP-FY18-0036 ħ 802.1x Implementation (WCP)	11/01/2017	36	15070	749.25	20.81	31	N	20.81	645.19	104.06				104.06
ITP-FY18-0037 ħ 802.1x Implementation (WPW)	11/01/2017	36	15070	513.00	14.25	31	N	14.25	441.75	71.25				71.25
CR3117 NML 103 XML	11/30/2017	36	15070	10,118.50	281.07	30	N	281.07	8,432.08	1,686.42				1,686.42
CR3204 MOO APS SUM	10/13/2017	36	15070	2,848.38	79.12	32	N	79.12	2,531.89	316.49				316.49
CR3196 Pru December Release	01/02/2018	36	15070	2,048.53	56.90	29	N	56.90	1,650.20	398.33				398.33
CR3197 TIAA TeleInterview	01/20/2018	36	15070	23,479.48	652.21	28	N	652.21	18,261.82	5,217.66				5,217.66
CR3131-Prudential Life Distributors for Edward	01/04/2018	36	15070	1,834.60	50.96	29	N	50.96	1,477.87	356.73				356.73
CR3205 Crump Banner AU	01/16/2018	36	15070	11,753.49	326.49	28	N	326.49	9,141.60	2,611.89				2,611.89
Amazon - Samsung 850 EVO - 500GB - Tseng's upgrade	11/16/2017	36	15070	182.93	5.08	30	N	5.08	152.44	30.49				30.49
MS MPSA Office Std - 50	12/28/2017	36	15070	18,479.90	513.33	29	N	513.33	14,886.59	3,593.31				3,593.31
Labor - Retire Exam4Windows	02/28/2018	36	15070	256,088.96	7,113.58	27	N	7,113.58	192,066.72	64,022.24				64,022.24
MCAfee ATD	11/01/2017	36	15070	2,024.15	56.23	31	N	56.23	1,743.02	281.13				281.13
SECURITY ENHANCEMENTS - PALO ALTO	02/28/2018	36	15070	113,732.95	3,159.25	27	N	3,159.25	85,299.71	28,433.24				28,433.24
Labor--FTP to MFT Migration	08/08/2017	36	15070	11,295.41	313.76	34	N	313.76	10,667.89	627.52				627.52

Asset Description	Date Placed in	Useful Life in	GL Account	Cost Basis	Monthly Depreciation	Months Depreciated	Fully Depreciated?	Monthly	Accum Depr	NBV	D.	DISPOSAL COST	ACCUM DEPR	NBV After Disposals
	Service	Months						Depreciation						
ITP-FY18-0139 - eReview QA Enhancements	01/01/2018	36	15070	45,511.59	1,264.21	29	N	1,264.21	36,662.11	8,849.48				8,849.48
ITP-FY18-0258 - EOL Tele Order Entry for Knights of	12/31/2017	36	15070	13,991.86	388.66	29	N	388.66	11,271.22	2,720.64				2,720.64
ITP-FY18-0035 - 802.1X Implementation (IRV)	10/31/2017	36	15070	1,167.76	32.44	31	N	32.44	1,005.57	162.19				162.19
ITP-FY18-0062 - Deploy Spare Netgears to Corporate	08/31/2017	36	15070	472.50	13.13	33	N	13.13	433.13	39.38				39.38
ITP-FY18-0018 - Migrate DMZ1 to DMZ2	09/30/2017	36	15070	2,117.82	58.83	32	N	58.83	1,882.51	235.31				235.31
ITP-FY18-0228-Upgrade SEA to Windows 2012	12/31/2017	36	15070	3,239.38	89.98	29	N	89.98	2,609.50	629.88				629.88
SolarWinds Serv-U Server	01/09/2018	36	15070	1,621.04	45.03	29	N	45.03	1,305.84	315.20				315.20
ITP-FY18-0229 - MRR Special Authorization Processing System	03/31/2018	36	15070	372,981.83	10,360.61	26	N	10,360.61	269,375.77	103,606.06				103,606.06
ITP-FY18-0254 - Automate the Process of Refreshing TML's	03/31/2018	36	15070	18,675.25	518.76	26	N	518.76	13,487.68	5,187.57				5,187.57
ITP-FY18-0252 - Electronic Forms Deployed for	01/19/2018	36	15070	50,240.45	1,395.57	28	N	1,395.57	39,075.91	11,164.54				11,164.54
FY16 XP-2-W10 Upgrade	03/31/2018	36	15070	18,344.42	509.57	26	N	509.57	13,248.75	5,095.67				5,095.67
ITP-FY18-0241 - Provider Portal Password Expiration	03/31/2018	36	15070	4,007.76	111.33	26	N	111.33	2,894.49	1,113.27				1,113.27
ITP-FY18-0285 - Implement XML Export Capabilities	01/19/2018	36	15070	5,620.73	156.13	28	N	156.13	4,371.68	1,249.05				1,249.05
ITP-FY18-0293 - Allscripts 17.3 Updates and	03/01/2018	36	15070	3,413.91	94.83	27	N	94.83	2,560.43	853.48				853.48
ITP-FY18-0273 - Eliminate All EOL Admin Access from	03/01/2018	36	15070	10,629.02	295.25	27	N	295.25	7,971.77	2,657.26				2,657.26
ITP-FY18-0199 - Microsoft Dynamics CRM Upgrade	04/30/2018	36	15070	58,309.14	1,619.70	25	N	1,619.70	40,492.46	17,816.68				17,816.68
ITP-FY18-0200 - Account Lockout Capability for All Exte	04/30/2018	36	15070	7,923.41	220.09	25	N	220.09	5,502.37	2,421.04				2,421.04
ITP-FY18-0121 Ceridian Create Final ADP Report	04/30/2018	36	15070	12,600.00	350.00	25	N	350.00	8,750.00	3,850.00				3,850.00
ITP-FY18-0167 Rationalize Inspections Imaging	04/30/2018	36	15070	500.59	13.91	25	N	13.91	347.63	152.96				152.96
20 NITRO LICENSES	05/17/2018	36	15070	2,587.82	71.88	24	N	71.88	1,725.21	862.61				862.61
Labor--PilotFish Upgrade	04/30/2018	36	15070	29,940.57	831.68	25	N	831.68	20,792.06	9,148.51				9,148.51
ITP-FY18-0221 - iGO CRL e-Lab Slip Integration	05/31/2018	36	15070	80,825.00	2,245.14	24	N	2,245.14	53,883.33	26,941.67				26,941.67
ITP-FY18-0172 - MRR Credit Card Reconciliation	04/30/2018	36	15070	37,778.59	1,049.41	25	N	1,049.41	26,235.13	11,543.46				11,543.46
ITP-FY18-0049 Data Center LAN Segmentation Phase II	03/31/2018	36	15070	14,625.00	406.25	26	N	406.25	10,562.50	4,062.50				4,062.50
ITP-FY18-0229 - MRR Special Authorization Processing Sy	05/31/2018	36	15070	16,470.68	457.52	24	N	457.52	10,980.45	5,490.23				5,490.23
ITP-FY18-0133 - Hyperion - Phase II	08/31/2018	36	15070	208,651.54	5,795.88	21	N	5,795.88	121,713.40	86,938.14				86,938.14
ITP-FY18-0121 - Ceridian HCM PHASE 2	08/31/2018	36	15070	113,904.04	3,164.00	21	N	3,164.00	66,444.02	47,460.02				47,460.02
ITP-FY19-0116 Add Discussions to MRR Auth	08/31/2018	36	15070	14,551.88	404.22	21	N	404.22	8,488.60	6,063.28				6,063.28
ITP-FY18-0193 - New APS Summary Application from eNoa	11/30/2018	36	15070	232,827.16	6,467.42	18	N	6,467.42	116,413.58	116,413.58				
	11/30/2018	36	15070	57,814.42	1,605.96	18	N	1,605.96	28,907.21	28,907.21				
ITP-FY19-0118 - External Facility Search	11/30/2018	36	15070	5,478.89	152.19	18	N	152.19	2,739.45	2,739.45				
ITP-FY18-0254 -- Automate the Process of Refreshing Proje	11/30/2018	36	15070	3,748.43	104.12	18	N	104.12	1,874.22	1,874.22				
ITP-FY19-0128 EOL Enhancements for Lit Customers	11/30/2018	36	15070	13,408.92	372.47	18	N	372.47	6,704.46	6,704.46				
ITP-FY19-0129 External Discussions Webservice	11/30/2018	36	15070	8,687.93	241.33	18	N	241.33	4,343.97	4,343.97				
ITP-FY19-0131 - MRR Auth Enhancements for USAA One T	11/30/2018	36	15070	14,122.43	392.29	18	N	392.29	7,061.22	7,061.22				
ITP-FY18-0115-Security Event Logging Std Across All EMSI	1/11/2019	36	15070	7,871.18	218.64	17	N	218.64	3,716.95	4,154.23				
ITP-FY19-0105 - Enation Productivity	12/31/2018	36	15070	125,402.79	3,483.41	17	N	3,483.41	59,217.98	66,184.81				
ITP-FY19-0107 - ScheduleEz Productivity	1/31/2019	36	15070	40,576.67	1,127.13	16	N	1,127.13	18,034.08	22,542.59				
ITP- FY19-0002-FY19 CAPEX PURCHASE - IT SOFTWARE	01/31/2019	36	15070	3,128.64	86.91	16	N	86.91	1,390.51	1,738.13				
ITP-FY18-0221-2 iGO CRL e-Lab Slip Integration	11/15/2018	36	15070	4,268.75	118.58	19	N	118.58	2,252.95	2,015.80				
ITP-FY19-0132 - FedEx to UPS Replacement	12/31/2018	36	15070	5,535.85	153.77	17	N	153.77	2,614.15	2,921.70				
ITP-FY19-1111 - ApplcInt	02/28/2019	36	15070	5,263.00	146.19	15	N	146.19	2,192.92	3,070.08				
ITP-FY19-0108 Clinical Req. Creation Application	03/31/2019	36	15070	140,621.94	3,906.17	14	N	3,906.17	54,686.31	85,935.63				
ITP-FY19-0111 Genzyme Integration	03/31/2019	36	15070	59,382.96	1,649.53	14	N	1,649.53	23,093.37	36,289.59				
ITP-FY19-0037 - SterlingOne Integration for Examiners in EC	03/31/2019	36	15070	18,626.30	517.40	14	N	517.40	7,243.56	11,382.74				
ITP-FY19-0034 - CCIS Custom Invoice Formatting and Distrib	03/31/2019	36	15070	20,507.88	569.66	14	N	569.66	7,975.29	12,532.59				
ITP-FY19-0147 - Automation of One Touch billing for MRR	03/31/2019	36	15070	43,803.38	1,216.76	14	N	1,216.76	17,034.65	26,768.73				
Computer Software Licenses Palo Alto	12/01/2018	36	15070	322,316.98	8,953.25	18	N	8,953.25	161,158.49	161,158.49				
ITP-FY18-0072 - Upgrade/replace all servers to	04/30/2019	36	15070	71,714.41	1,992.07	13	N	1,992.07	25,896.87	45,817.54				
ITP-FY19-0117 - EMSI-Prudential CallComplete (CR3046)	05/31/2019	36	15070	288,475.02	8,013.20	12	N	8,013.20	96,158.34	192,316.68				
ITP-FY19-0027 - Create SEA Repository for Customer Form	05/31/2019	36	15070	6,610.08	183.61	12	N	183.61	2,203.36	4,406.72				
ITP-FY19-0158 PW Shutdown & Move - 2 INSTALLATION	05/31/2019	36	15070	2,814.50	78.18	12	N	78.18	938.17	1,876.33				
ITP-FY19-0158 PW Shutdown & Move - 1 RELOCATE CP	05/31/2019	36	15070	1,349.66	37.49	12	N	37.49	449.89	899.77				
ITP-TY19-0158 Shut down PW project licenses for remote w	05/31/2019	36	15070	4,026.28	111.84	12	N	111.84	1,342.09	2,684.19				
ITP-FY19-0158 -- PW close & move Hardware - Brazos	05/31/2019	36	15070	949.47	26.37	12	N	26.37	316.49	632.98				
ITP-FY18-0213 Upgrade B2B Applications to .NET v4.x	06/30/2019	36	15070	64,469.35	1,790.82	11	N	1,790.82	19,698.97	44,770.38				
ITP-FY19-0097 - Refactor SEA Status Messaging Core	07/31/2019	36	15070	64,658.81	1,796.08	10	N	1,796.08	17,960.78	46,698.03				
ITP-FY19-0044 - B2B Portal Enhancements	07/31/2019	36	15070	3,690.37	102.51	10	N	102.51	1,025.10	2,665.27				
CR3408- CC Image Results post to EOL	07/31/2019	36	15070	11,242.74	312.30	10	N	312.30	3,122.98	8,11				

Asset Description	Date Placed in	Useful Life in	GL Account	Cost Basis	Monthly Depreciation	Months Depreciated	Fully Depreciated? (Y/N)	Monthly	Accum Depr	NBV	D.	Monthly	ACCUM DEPR	NBV After Disposals
	Service	Months						Depreciation				Expense		
0260 - New Consolidated Invoice Format for Lltigation	01/31/2020	36	15070	5,893.18	163.70	4	N	163.70	654.80	5,238.38				5,238.38
0264 - TouchPoints - Remove Optional Test from Genzyme Patien	01/31/2020	36	15070	18,272.16	507.56	4	N	507.56	2,030.24	16,241.92				16,241.92
ITP-FY18-0286-Pivot Scheduling System	02/29/2020	36	15070	1,666,043.41	46,278.98	3	N	46,278.98	138,836.95	1,527,206.46				1,527,206.46
ITP-FY19-0126 - Genzyme BI Solution	02/29/2020	36	15070	116,428.72	3,234.13	3	N	3,234.13	9,702.39	106,726.33				106,726.33
0121 - Automate Computer Operations Business Processes	02/29/2020	36	15070	14,570.49	404.74	3	N	404.74	1,214.21	13,356.28				13,356.28
0181 - Replace Doorkey Card System in Irving	02/29/2020	36	15070	21,860.14	607.23	3	N	607.23	1,821.68	20,038.46				20,038.46
0261 - Touchpoints Exploration for Workplace and Exam	02/29/2020	36	15070	13,523.65	375.66	3	N	375.66	1,126.97	12,396.68				12,396.68
0266 - Insight Usability Upgrades	02/29/2020	36	15070	21,024.92	584.03	3	N	584.03	1,752.08	19,272.84				19,272.84
0050 - Update FOLD to Retire Documentum	02/29/2020	36	15070	1,433.97	39.83	3	N	39.83	119.50	1,314.47				1,314.47
ITP-FY18-0182 - eHR deployment to Healthport	03/31/2020	36	15070	182,269.91	5,063.05	2	N	5,063.05	10,126.11	172,143.80				172,143.80
ITP-FY19-0095 - EOP Enterprise Delivery Channel	03/31/2020	36	15070	95,581.88	2,655.05	2	N	2,655.05	5,310.10	90,271.78				90,271.78
0239 - Project Phoenix	03/31/2020	36	15070	73,556.12	2,043.23	2	N	2,043.23	4,086.45	69,469.67				69,469.67
0157 - Branch Cloud Telephony Upgrade	03/31/2020	36	15070	55,513.69	1,542.05	2	N	1,542.05	3,084.09	52,429.60				52,429.60
0011 - Automate Special Auth Matching to APS Order	03/31/2020	36	15070	43,070.95	1,196.42	2	N	1,196.42	2,392.83	40,678.12				40,678.12
0119-Cap-Business Continuity FY20	03/31/2020	36	15070	7,517.41	208.82	2	N	208.82	417.63	7,099.78				7,099.78
0014 - Automate Follow-up Contact in TP+	03/31/2020	36	15070	24,352.20	676.45	2	N	676.45	1,352.90	22,999.30				22,999.30
15070 TOTAL - COMPUTER SOFTWARE				11,275,181.96				215,291.45	7,399,143.99	3,876,037.97	T	1,713.92	1,713.92	3,876,037.97

Examination Management Services, Inc.

Attachment B. 61

Internet domain names and websites

EMSI Domain Names

emsinet.com

emsiqa.com

emsinet-test.com

EMSI Internet Presence

ads.emsinet.com

ah_emsiah.emsinet.com

allscriptsemr.emsiqa.com

applicintcrm.emsinet.com

applicintcrm.emsiqa.com

applicint-test.emsinet.com

authservice.emsinet.com

authservice.emsinet-test.com

authservice.emsiqa.com

authservice2.emsiqa.com

autodiscover.emsinet.com

awuag.emsinet.com

awvpn.emsinet.com

b2b.emsinet.com

b2b.emsinet-test.com

b2b.emsiqa.com

b2bharness.emsinet.com

barracuda3.emsinet.com

branchlocator.emsinet.com

charts.emsinet.com

cioxemr.emsinet.com

cioxemr.emsiqa.com

credentialing.emsinet.com

credentialing.emsiqa.com

crl.emsinet.com

crm.emsinet.com

cuda.emsinet.com

cvpn.emsinet.com

DFWEMG01.emsinet.com

DFWEMG02.emsinet.com

dfwmeggw.emsinet.com

dfwpah01.emsinet.com

dfwvpn.emsinet.com

ecm.emsinet.com

Examination Management Services, Inc.

Attachment B. 61

Internet domain names and websites

ecm.emsinet-test.com

ecm.emsiqa.com

edenonline.emsinet.com

edenonline.emsiqa.com

els.emsinet.com

els.emsiqa.com

emr.emsinet-test.com

emr.emsiqa.com

emrinterface.emsinet.com

emrinterface-test.emsinet.com

emsiah.emsinet.com

enation.emsinet.com

enation.emsinet-test.com

enation.emsiqa.com

eol6.emsinet.com

eol6.emsinet-test.com

eol6.emsiqa.com

eol-mobileinterface.emsinet.com

eol-mobileinterface-test.emsinet.com

epoah.emsinet.com

etapplicintdemo.emsinet.com

examtrack.emsinet.com

examtrack-test.emsinet.com

externaldiscussions.emsinet.com

externaldiscussions.emsiqa.com

externaldocumentuploadservice.emsinet.com

facilitylookup.emsinet.com

facilitylookup.emsiqa.com

formfox.emsinet.com

formfox.emsiqa.com

formsonline.emsinet.com

formsonlineexternal.emsinet.com

ftp.emsinet.com

houdini.emsinet.com

houdini-test.emsinet.com

igomobile-aaa.emsiqa.com

igomobile-aeg.emsinet.com

igomobile-aeg.emsiqa.com

igomobile-aegtest.emsinet.com

igomobile-ani.emsinet.com

igomobile-ani.emsiqa.com

igomobile-anitest.emsinet.com

igomobile-axa.emsinet.com

Examination Management Services, Inc.

Attachment B. 61

Internet domain names and websites

igomobile-axa.emsiqa.com
igomobile-axatest.emsinet.com
igomobile-ban.emsinet.com
igomobile-ban.emsiqa.com
igomobile-bantest.emsinet.com
igomobile-fnw.emsinet.com
igomobile-fnw.emsiqa.com
igomobile-fnwtest.emsinet.com
igomobile-ing.emsinet.com
igomobile-ing.emsiqa.com
igomobile-ingtest.emsinet.com
igomobileinterface.emsinet.com
igomobile-koc.emsinet.com
igomobile-koc.emsiqa.com
igomobile-koctest.emsinet.com
igomobile-mfb.emsinet.com
igomobile-mfb.emsiqa.com
igomobile-mfbtest.emsinet.com
igomobile-mml.emsinet.com
igomobile-mml.emsiqa.com
igomobile-mmltest.emsinet.com
igomobile-nat.emsinet.com
igomobile-nat.emsiqa.com
igomobile-nml.emsinet.com
igomobile-nml.emsiqa.com
igomobile-nmltest.emsinet.com
igomobile-nyl.emsinet.com
igomobile-nyl.emsiqa.com
igomobile-nyltest.emsinet.com
igomobile-ohn.emsinet.com
igomobile-ohn.emsiqa.com
igomobile-ohntest.emsinet.com
igomobile-pru.emsinet.com
igomobile-pru.emsiqa.com
igomobile-prutest.emsinet.com
integrationsvcs.emsinet.com
integrationsvcs-test.emsinet.com
interfacepoint-test.emsinet.com
ipadws.emsinet.com
legalfacts.emsinet.com
legalfacts.emsinet-test.com
legalfacts.emsiqa.com
lexisnexis.emsinet-test.com

Examination Management Services, Inc.

Attachment B. 61

Internet domain names and websites

lexisnexis.emsiqa.com
maestro.emsinet.com
maestroregistration1.emsinet.com
mailfe.emsinet.com
mail-gate3.emsinet.com
merlin.emsinet.com
merlin-test.emsinet.com
mft.emsinet.com
mro.emsinet.com
myresults.emsinet.com
nextgenemr.emsiqa.com
ns1.emsinet.com
ns2.emsinet.com
nylgl.emsinet.com
nylgl-test.emsinet.com
ows.emsinet.com
picasso.emsinet.com
picasso-test.emsinet.com
pivotexternal.emsinet.com
pivotexternal.emsiqa.com
portal.emsinet.com
recordsretrieval2.emsinet.com
recordsretrieval2-test.emsinet.com
recordsretrieval2-test.emsinet-test.com
recordsretrieval2-test.emsiqa.com
remote.emsinet.com
rvpn.emsinet.com
s2.emsinet.com
s2.emsiqa.com
scheduleex-serviceext.emsiqa.com
schedule-ez.emsinet.com
schedule-ez.emsinet-test.com
schedule-ez.emsiqa.com
schedule-ez-qa.emsinet.com
scheduleez-service.emsinet.com
scheduleez-serviceext.emsinet.com
schedule-ezserviceext.emsinet.com
scheduleez-serviceext.emsinet-test.com
scheduleez-serviceexttest.emsinet.com
scheduleez-service-test.emsinet.com
schedule-ez-test.emsinet.com
securemail.emsinet.com
seg.emsinet.com

Examination Management Services, Inc.

Attachment B. 61

Internet domain names and websites

sftp.emsinet.com

smft.emsinet.com

sonata.emsinet.com

sonata.emsiqa.com

sonata-test.emsinet.com

stratusiq.emsinet.com

testvpn.emsinet.com

tutorials.emsinet.com

underwriting.emsinet.com

underwriting-test.emsinet.com

Fill in this information to identify the case:Debtor name **Examination Management Services, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Dell Financial Services L.L.C. Creditor's Name Mail Stop PS2DF-23 One Dell Way Round Rock, TX 78682 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Unknown Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown

2.2	MidCap Financial Trust Creditor's Name c/o MidCap Financial Services, LLC 7255 Woodmont Avenue Suite 200 Bethesda, MD 20814 Creditor's mailing address notices@midcapfinancial.com Creditor's email address, if known Date debt was incurred 4/26/2019 Last 4 digits of account number	Describe debtor's property that is subject to a lien Substantially all property Describe the lien Security Agreement and UCC Filing Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$20,000,000.00	Unknown
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Debtor **Examination Management Services, Inc.**

Case number (if known)

Name

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.3 PITNEY BOWES GLOBAL FINANCIAL**

Creditor's Name

**27 Waterview Drive
Shelton, CT 06484**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Unknown**Unknown****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent☒ Unliquidated☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$20,000,000.
00****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **Examination Management Services, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Abbigail McNiel 312 Forest Creek Ln Bruceville, TX 76630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Abby Iverson 517 s west ave Sioux Falls, SD 57104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.3	Priority creditor's name and mailing address Abhiram Reddy 5725 W Rochelle Ave Apartment 10-202 Las Vegas, NV 89103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address Abinash Kaur 31065 133rd AVE SE Auburn, WA 98092	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Adam Fazio 3228 Fm 217 Valley Mills, TX 76689	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address Adam Smith 1928 68th Ave NE Tacoma, WA 98422	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)
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2.7	Priority creditor's name and mailing address Adria Johnson 5101 Springlake pkwy Apt 1022 Haltom City, TX 76117	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.8	Priority creditor's name and mailing address Adriana Wilcox 1613 Clearmeadow Dr Allen, TX 75002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.9	Priority creditor's name and mailing address Adriane Perry 1034 Drake Feather Drive Orange Park, FL 32065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.10	Priority creditor's name and mailing address Adrieanna Curtis 1301 N 60th St Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.11	Priority creditor's name and mailing address Adrielle Arroyo 417 Fernwood Dr waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.12	Priority creditor's name and mailing address Aeriona Robertson 1303 Victoria St. Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.13	Priority creditor's name and mailing address Agnes Pope 4112 wilcrest circle east jacksonville, FL 32277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.14	Priority creditor's name and mailing address Agustin Ramirez 9210 Fireside Dr. Dallas, TX 75217	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.15	Priority creditor's name and mailing address Aiko Velazquez 10210 San Diego Mission Rd #55 San Diego, CA 92108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.16	Priority creditor's name and mailing address Aissa Woods 21a Scott Circle Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.17	Priority creditor's name and mailing address Alafia Heslop 178 Moury Ave #3622 atlanta, GA 30315	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.18	Priority creditor's name and mailing address Alan Bedford 971 Deck Road Gray Court, SC 29645	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.19	Priority creditor's name and mailing address Alan Robinson P O Box 14806 Atlanta, GA 30324	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.20	Priority creditor's name and mailing address Alan Stine 7548 Hightower Drive North Richland Hills, TX 76182	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21	Priority creditor's name and mailing address ALASKA DEPT OF REVENUE PO BOX 110420 333 W WILLOUGHBY 11TH FL SIDE B JUNEAU, AK 99811-0420	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22	Priority creditor's name and mailing address ALASKA DEPT OF REVENUE 550 WEST 7TH AVE STE 500 ANCHORAGE, AK 99501-3555	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.23	Priority creditor's name and mailing address Alastair Lyon 1004 Dubarton Drive Richardson, TX 75081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.24	Priority creditor's name and mailing address Albert Muller 524 J L Brazzil Loop Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.25	Priority creditor's name and mailing address Alberto Bermudez 234 Via Oro Verde Fallbrook, CA 92028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.26	Priority creditor's name and mailing address Aleshia Farris 8014 W Hwy 84 1054 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.27	Priority creditor's name and mailing address Alexandria Maughan 9912 Iron Horse Trail Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.28	Priority creditor's name and mailing address Alexas McDonald 929 Walker St. Marlin, TX 76661	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.29	Priority creditor's name and mailing address Alexas Rodriguez 1601 Spring St 100 Waco, TX 76704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.30	Priority creditor's name and mailing address Alexis Coria 1817 Terrace Dr. Antioch, CA 94509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.31	Priority creditor's name and mailing address Alexis Ruiz 2850 Santa Monica Dr Grand Prairie, TX 75052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Alfonza Johnson 1090 N McLean Blvd Memphis, TN 38107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address Alice Coale 928 Sunset St Trainer, PA 19061	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address Alicia Klase 207 walnut st Denver, PA 17517	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.35	Priority creditor's name and mailing address Alicia Romero 3633 Gorman Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.36	Priority creditor's name and mailing address Alisa Frisinga 11340 Trotting Horse Ln S Jacksonville, FL 32225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37	Priority creditor's name and mailing address Alisa Hall 6136 Round Lake Road North Jacksonville, FL 32277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38	Priority creditor's name and mailing address Alisabeth Knight 41528 Horse Chestnut Terrace Aldie, VA 20105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.39	Priority creditor's name and mailing address Aliyah Parks 6600 Mundo Drive Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.40	Priority creditor's name and mailing address Alkeita Cannon 689 george walker rd West Point, MS 39773	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.41	Priority creditor's name and mailing address Aloysius Jingwa 3103 Antelope drive Mesquite, TX 75181	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.42	Priority creditor's name and mailing address Alyssa Angulo 2214 Colonial Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
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2.43	Priority creditor's name and mailing address Alyssa Rice 16313 Meador Grove Rd. Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address Amanda Fox 10100 Panther Way Apt 136 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address Amanda Fradieu 816 W 29TH AVE COVINGTON, LA 70433	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address Amanda Grace 5 Lovely lane Greenbrier, AR 72058	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
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2.47	Priority creditor's name and mailing address Amanda Powers 45 Toll Mountain Whitehall, MT 59759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.48	Priority creditor's name and mailing address Amanda Turrubiardez 1112 Parkdale Dr Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.49	Priority creditor's name and mailing address Amanda Woodruff 2476 fm 1857 Rusk, TX 75785	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.50	Priority creditor's name and mailing address Amarrie Skinner 5000 Sanger Ave , APT.528 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
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2.51	Priority creditor's name and mailing address Amber Howard 822 Roy Beatty Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.52	Priority creditor's name and mailing address Amber Miller 4808 Eldorado Wichita Falls, TX 76310	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.53	Priority creditor's name and mailing address Amber Robinson 5101 Sanger Ave Apt. 306 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.54	Priority creditor's name and mailing address Amber Roper 2004 N. 6th Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)		
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2.55	Priority creditor's name and mailing address Amber Serrano 1717 Columbia Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.56	Priority creditor's name and mailing address Amberly Nicole Sanchez 1714 Coffeyville trl Grand Prairie, TX 75052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.57	Priority creditor's name and mailing address Ambraneq Love 1301 Shelburne Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.58	Priority creditor's name and mailing address Ambur Small 4321 Concord Rd. Ste D Bellmead, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)	
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2.59	Priority creditor's name and mailing address Amelia White 1400 THackery Dr Arlington, TX 76018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.60	Priority creditor's name and mailing address Amy Bates 6415 W Philadelphia Dr MCCORDSVILLE, IN 46055	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.61	Priority creditor's name and mailing address Amy Downer 475 West Frack Street Frackville, PA 17931	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.62	Priority creditor's name and mailing address Amy Dussey 3642 Brookdale Dr. N Brooklyn Park, MN 55443	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.63	Priority creditor's name and mailing address Amy Hutchinson 211 N. Harrison St. McGregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.64	Priority creditor's name and mailing address Amy Koch 34456 RODEO RD WALLER, TX 77484-9134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.65	Priority creditor's name and mailing address Amy Mueller 977 County Road 1625 East Eureka, IL 61530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.66	Priority creditor's name and mailing address Amy Poppen 43370 224th St. Howard, SD 57349	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.67	Priority creditor's name and mailing address Amy Roberts 919 57th Street Pensacola, FL 32506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.68	Priority creditor's name and mailing address Ana Gallegos 1317 Campbellton St. Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.69	Priority creditor's name and mailing address Andrea Bark 8 Miles SW Coppermine Chapter Page, AZ 86040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.70	Priority creditor's name and mailing address Andrea Guynes 1212 Lexington St Taylor, TX 76574	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.71	Priority creditor's name and mailing address Andrea Medeiros 115 Sixteenth Street Fall River, MA 02723	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.72	Priority creditor's name and mailing address Andrea Sanchez 1905 Gurley Ave. Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.73	Priority creditor's name and mailing address Andrea Taylor 17 Lake Link Drive Winter Haven, FL 33884	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.74	Priority creditor's name and mailing address Andrea Williams 1001 N 60th Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.75	Priority creditor's name and mailing address Andreina Torres 2800 Ethel Ave. Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.76	Priority creditor's name and mailing address Andrew Letriz Fantauzzi 5100 Hawthorne Dr. 412 waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.77	Priority creditor's name and mailing address Andrew Prince 4221 Gladney Ln Keller, TX 76244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.78	Priority creditor's name and mailing address Andrew Richardson 2205 Augustine Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.79	Priority creditor's name and mailing address Anesha Collins 897 Cattell Wenonah, NJ 08090	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.80	Priority creditor's name and mailing address Angel Brown 569 Lexington dr. Vallejo, CA 94591	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.81	Priority creditor's name and mailing address Angel Peel 104 BROOKBANK COURT TRINITY, NC 27370	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.82	Priority creditor's name and mailing address Angela Arriaga 6409 Eaglestone Drive McKinney, TX 75070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.83	Priority creditor's name and mailing address Angela Hogan 2606 South 25th St Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.84	Priority creditor's name and mailing address Angela McLaughlin 177 Vardiman Rd West, TX 76691	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.85	Priority creditor's name and mailing address Angela Morgan 7355 Volley Drive North Jacksonville, FL 32277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.86	Priority creditor's name and mailing address Angela Pesch 1402 17th Avenue SE East Grand Forks, MN 56721	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.87	Priority creditor's name and mailing address Angela Ybarra 3600 W. Waco Dr. Apt.C Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.88	Priority creditor's name and mailing address Angela James 725 NW. 11th Ave Lauderdale Lakes, FL 33311	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.89	Priority creditor's name and mailing address Angelica Whipper 316 Avenue I Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.90	Priority creditor's name and mailing address Angelina Monrrial 817 Colcord Ave 3301 Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.91	Priority creditor's name and mailing address Anita Adelman 8 weaver circle Vilonia, AR 72173	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.92	Priority creditor's name and mailing address Anita Arias 2620 Mckenzie Ave Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.93	Priority creditor's name and mailing address Anita Zabach 5039 highland hills pkwy Stn Mtn, GA 30088	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.94	Priority creditor's name and mailing address AnJalique Ottley 2419 Davis Blvd Myers, FL 33905	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)		
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2.95	Priority creditor's name and mailing address Anjana Pal 7508 Shadowlawn Ct Plano, TX 75025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.96	Priority creditor's name and mailing address Ann Fish 909 Allegheny Way c Richardson, TX 75080	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.97	Priority creditor's name and mailing address Ann Kearson 1501 N 9th Street C 205 Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.98	Priority creditor's name and mailing address Ann Meier 658 Newberry #3 Alliance, NE 69301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>		Case number (if known)		
2.99	Priority creditor's name and mailing address Ann Shiflett 306 Eunice Dr Plant City, FL 33563	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<hr/>					
2.100	Priority creditor's name and mailing address Annette Wright 1473 Stoneleigh Circle Stone Mountsin, GA 30088	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<hr/>					
2.101	Priority creditor's name and mailing address Antanique Mitchell 6524 Alford Dr. Apt A Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<hr/>					
2.102	Priority creditor's name and mailing address Anthony Hawkins 4910 Crozier St Dallas, TX 75215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Examination Management Services, Inc.	Case number (if known)		
2.103	Priority creditor's name and mailing address Anthony MacKlin 4580 Spring Valley Drive Memphis, TN 38128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.104	Priority creditor's name and mailing address Anthony Mustoe 2402 Watercrest Drive Keller, TX 76248	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.105	Priority creditor's name and mailing address Anthony Oliver 413 Moore Crossing Byhalia, Ms 38611 Byhalia, MS 38611	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.106	Priority creditor's name and mailing address Antonia Roberts 4207 Cabell Dr. #224 Dallas, TX 75204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.		Case number (if known)
Name			
2.107	Priority creditor's name and mailing address Antonia Williams 18 Pekin St 2 Providence, RI 02908	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.108	Priority creditor's name and mailing address April Heilman 200 Thompson Circle Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.109	Priority creditor's name and mailing address April Thomas 921 S. Madison St McGregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.110	Priority creditor's name and mailing address Araceli Ryan 35189 king ct Fremont, CA 94536	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.111	Priority creditor's name and mailing address Aradhika Goyal 9800 Hickory Hollow Lane Irving, TX 75063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.112	Priority creditor's name and mailing address Arelis Perez 1281 Clark St. ELMONT, NY 11003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.113	Priority creditor's name and mailing address Arelys Calderon 2713 Burnett Avenue Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.114	Priority creditor's name and mailing address Ariana Vicinai 2300 Speight Ave Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
2.115	Priority creditor's name and mailing address Ariel Chi 9514 Magnolia St Bloomington, CA 92316	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.116	Priority creditor's name and mailing address ARKANSAS DEPT OF FINANCE & ADMIN OFFICE OF STATE REVENUE ADMIN. 1509 W SEVENTH ST. LITTLE ROCK, AR 72201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.117	Priority creditor's name and mailing address ARKANSAS DEPT OF FINANCE & ADMIN PO BOX 1272 LITTLE ROCK, AR 72203	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.118	Priority creditor's name and mailing address Arkayza Ross 2377 Dalworth St Apt 235 Grand Prairie, TX 75050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.119	Priority creditor's name and mailing address Armita Underwood 2102 Palmer Trl Grand Prairie, TX 75052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.120	Priority creditor's name and mailing address Arrianna Wofford 220 Avenue G Lacy Lakeview, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.121	Priority creditor's name and mailing address Artrice Bennett 1465 E Lexington Ave Unit 3B El Cajon, CA 92019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.122	Priority creditor's name and mailing address Ashlee Seniceros 2000 Broadway St Waco, TX 76704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.123	Priority creditor's name and mailing address Ashlee Seniceros 11002 Sandalwood Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.124	Priority creditor's name and mailing address Ashley Bowman 2128 B N. Fayetteville Street Asheboro, NC 27203	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.125	Priority creditor's name and mailing address Ashley Carson 5621 Bluffman Dr Dallas, TX 75241	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.126	Priority creditor's name and mailing address Ashley Farber 10754 Borman Circle Omaha, NE 68127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.127	Priority creditor's name and mailing address Ashley Fredregill 274 Crescent Meadows Lane Bruceville, TX 76630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.128	Priority creditor's name and mailing address Ashley Hargrove 1424 Watercrest circle Lawrenceville, GA 30043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.129	Priority creditor's name and mailing address Ashley Harms 136 Martin Dr China Spring, TX 76633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.130	Priority creditor's name and mailing address Ashley Humphrey 205 Monterrey Dr Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)
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2.135	Priority creditor's name and mailing address Ashley Vereen 6455 Argyle Forest Blvd. Apt 513 Jacksonville, FL 32244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.136	Priority creditor's name and mailing address Ashley Washington 645 E Regent st Apt 3 Inglewood, CA 90301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.137	Priority creditor's name and mailing address Ashly Lopez 1003 SE Dalaware Ave Apartment B Ankeny, IA 50021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.138	Priority creditor's name and mailing address Astri Alvarez 422 S 18th Street Allentown, PA 18104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)
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2.139	Priority creditor's name and mailing address Aterra Hunt 809 Chadbourne Dr. Indianapolis, IN 46214	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.140	Priority creditor's name and mailing address Aubrey Gabrysch 302 US Hwy 77 South Rosebud, TX 76570	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.141	Priority creditor's name and mailing address Audrey Sjolander 141 Old Orange Park Rd 192 Orange Park, FL 32073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.142	Priority creditor's name and mailing address Aurelia Montoya 101 Houston St. McGregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.143	Priority creditor's name and mailing address Autumn Plantz 8539 W Potomac Ave Milwaukee, WI 53225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.144	Priority creditor's name and mailing address Avery Eberspacher 1508 FM 1239 Eddy, TX 76524	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.145	Priority creditor's name and mailing address Bailey Huffman 0175 W US Highway 20 LaGrange, IN 46761	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.146	Priority creditor's name and mailing address Bailey Wade 104 Cotton In Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
2.147	Priority creditor's name and mailing address Barbara Asplund 2095 Dotte Drive 107 White Bear Lake, MN 55110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.148	Priority creditor's name and mailing address Barbara Friedlander 4201 Topanga Canyon Blvd. Space 12 Woodland Hills, CA 91364	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.149	Priority creditor's name and mailing address Barbara Korycki 84 Scarborough Cir, Rock Hill, NY 12775	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.150	Priority creditor's name and mailing address Barbara McLaren 1224 Dame Susan Lane Lewisville, TX 75056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.151	Priority creditor's name and mailing address Barbara Redfield 2801 35 1/2 Court Ave S Fargo, ND 58104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.152	Priority creditor's name and mailing address Barbara Sexton 461 Camby Court Greenwood, IN 46142	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.153	Priority creditor's name and mailing address Barbara Skiles 1621 David Dr Lincoln, NE 68504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.154	Priority creditor's name and mailing address Barry Clary 3035 Greenshire Ave Claymont, DE 19703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. Name	Case number (if known)
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2.155	Priority creditor's name and mailing address Bashar Dababneh 6870 Old Village Ct SE Grand Rapids, MI 49546-6801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.156	Priority creditor's name and mailing address Beatrice Cleveland 901 Wooded Acres Dr APT 961D Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.157	Priority creditor's name and mailing address Becky Kouame 10324 Buffalo Ridge Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.158	Priority creditor's name and mailing address Bee Thao 1062 Forest St N ST. Paul, MN 55106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc.	Case number (if known)		
2.159	Priority creditor's name and mailing address BEN FARNEY 38898 N 370 E Rd Rankin, IL 60960	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.160	Priority creditor's name and mailing address Bernard Goller 369 Gun Club Rd 45 Woodland, WA 98674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.161	Priority creditor's name and mailing address Bertha Simmons 1333 Eldridge Parkway 832 HOUSTON, TX 77077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.162	Priority creditor's name and mailing address Bessie Brantner 507 Antelope Dr. Crosby, TX 77532	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.163	Priority creditor's name and mailing address Bethany Debose 800 North 46th Street #5B Killeen, TX 76543	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.164	Priority creditor's name and mailing address Betty Moore 11005 China Spring Rd Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.165	Priority creditor's name and mailing address Betty Vaughan 1702 Hillside Dr Oak Grove, MO 64075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.166	Priority creditor's name and mailing address Bhama Mathavan 3780 Northview Ln Dallas, TX 75229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
2.167	Priority creditor's name and mailing address Bianca Jackson 999 Rosenwald Rd. Apt. 8037 Baton Rouge, LA 70807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.168	Priority creditor's name and mailing address Bin Feng 20619 Quail Chase Dr. Katy, TX 77450	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.169	Priority creditor's name and mailing address Blake Laddusaw 21 Meadow Dr PO Box 613 Kingsley, IA 51028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.170	Priority creditor's name and mailing address Blam Fajardo 605 Pinewood Ln Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.171	Priority creditor's name and mailing address Blanca Abel 716 Tahoe Trail Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.172	Priority creditor's name and mailing address Bliss Helpert 2268 Rosenthal Parkway Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.173	Priority creditor's name and mailing address Bobbie Davis 4120 Smith Rd #2 Cincinnati, OH 45212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.174	Priority creditor's name and mailing address Bobby Mcneal 2301 Tralee Cir McKinney, TX 75072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.175	Priority creditor's name and mailing address Bonnie Bain 1796 Samaria Trail Tucker, GA 30084	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.176	Priority creditor's name and mailing address Brandi Adams 1926 S. 9th St. Apt 55 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.177	Priority creditor's name and mailing address Brandie Dash 5026 War Hore Drive San Antonio, TX 78242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.178	Priority creditor's name and mailing address Brandy Padgett 752 Grice St. Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)	
2.179	Priority creditor's name and mailing address Breka Brantley 2425 S. 21st St. Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.180	Priority creditor's name and mailing address Brenda Dye Po Box 535 Chilton, TX 76632	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.181	Priority creditor's name and mailing address Brenda Frey 817 Speight Ave Apt 122 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.182	Priority creditor's name and mailing address Brenda Galbreath 4985 N. Franklin Apt. 33 Indianapolis, IN 46226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.183	Priority creditor's name and mailing address Brenda Gestes 507 NE 2nd Street Hubbard, TX 76648	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.184	Priority creditor's name and mailing address Brenda Lerma 5209 Amaro Way Salida, CA 95368	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.185	Priority creditor's name and mailing address Brenda Ruiz 2209 Hines Blvd Wichita Falls, TX 76301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.186	Priority creditor's name and mailing address Bria Wyche 5321 Tasman Trail Lithonia, GA 30038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.187	Priority creditor's name and mailing address Brian Hagerty 1837 Pacific Ave 111 Forest Grove, OR 97116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.188	Priority creditor's name and mailing address Brian Mcbratney 8931 Starr Road Windsor, CA 95492	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.189	Priority creditor's name and mailing address Brian Roland 307 S. Edgewood Rd. Eden, NC 27288	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.190	Priority creditor's name and mailing address Briana Ellis 101 N Marable St West, TX 76691	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.191	Priority creditor's name and mailing address Bridget Bulmahn 5213 Lake Highlands Dr Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.192	Priority creditor's name and mailing address Bridget Harris 909 Dove Meadows Dr Arlington, TX 76002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.193	Priority creditor's name and mailing address Bridgette Vick 2301 Woodgate Dr 212 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.194	Priority creditor's name and mailing address Britiny Robinson 5125 Anderson st Fort worth, TX 76105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.195	Priority creditor's name and mailing address Britney Krumnow 200 Lorena Meadows Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.196	Priority creditor's name and mailing address Brittany DeRigge 2020 Park Place Blvd Apt. 212 Bedford, TX 76021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.197	Priority creditor's name and mailing address Brittany Petterson 101 N McLendon Dr Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.198	Priority creditor's name and mailing address Brittney Carson 1211 Dena street Jacksonville, FL 32254	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.199	Priority creditor's name and mailing address Brittney Dooley 7301 sanger ave 213 waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.200	Priority creditor's name and mailing address Brittnie White 10100 Pantherway Apt 139 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.201	Priority creditor's name and mailing address Brooke Banks 2368 Buckhorn rd Greer, SC 29651	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.202	Priority creditor's name and mailing address Brooke Best 334 Scotch Pine Ct Windsor, CO 80550	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc. Name	Case number (if known)
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2.203	Priority creditor's name and mailing address Bryce Goreham 2288 Hill ST 3 Albone, OR 97322	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.204	Priority creditor's name and mailing address Burt Wolder 8 Essex Road Scotch Plains, NJ 07076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.205	Priority creditor's name and mailing address Cache Butt 12209 s 25th ave Bellevue, NE 68123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.206	Priority creditor's name and mailing address Cailynn Parfait 269 Dove Tail Dr. Gray, LA 70359	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)		
2.207	Priority creditor's name and mailing address Caisha Robinson 609 Windsor Hercules, CA 94574	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.208	Priority creditor's name and mailing address CALIFORNIA BOARD OF EQUALIZATION 450 N STREET PO BOX 942879 SACRAMENTO, CA 95814	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.209	Priority creditor's name and mailing address CALIFORNIA FRANCHISE TAX BOARD PO BOX 1468 SACRAMENTO, CA 95812-1468	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.210	Priority creditor's name and mailing address CALIFORNIA FRANCHISE TAX BOARD PO BOX 2952 SACRAMENTO, CA 95812-2952	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

	Debtor Examination Management Services, Inc. <small>Name</small>	Case number (if known)		
2.211	Priority creditor's name and mailing address CALIFORNIA FRANCHISE TAX BOARD 300 S SPRING ST STE 5704 LOS ANGELES, CA 90013-1265	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.212	Priority creditor's name and mailing address CALIFORNIA FRANCHISE TAX BOARD 7575 METROPOLITAN DR STE 201 SAN DIEGO, CA 92108-4421	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.213	Priority creditor's name and mailing address CALIFORNIA FRANCHISE TAX BOARD 1515 CLAY ST STE 305 OAKLAND, CA 94612-1445	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.214	Priority creditor's name and mailing address CALIFORNIA FRANCHISE TAX BOARD 600 W SANTA ANA BLVD STE 300 SANTA ANA, CA 92701-4543	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.215	Priority creditor's name and mailing address CALIFORNIA FRANCHISE TAX BOARD 3321 POWER INN RD STE 250 SACRAMENTO, CA 95826-3893	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.216	Priority creditor's name and mailing address CALIFORNIA FRANCHISE TAX BOARD 121 SPEAR ST STE 400 SAN FRANCISCO, CA 94105-1584	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.217	Priority creditor's name and mailing address Candace Dupree 233 Tim Currin Rd. Lillington, NC 27546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.218	Priority creditor's name and mailing address Candice Morgan 1602 Ave D Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.219	Priority creditor's name and mailing address Candice Tonge 37 Montview Road Edison, NJ 08837	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.220	Priority creditor's name and mailing address Candice Williams 610 E. Limestone Ave. Mart, TX 76664	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.221	Priority creditor's name and mailing address Candis Brown 36 N Prospect Ave Catonsville, MD 21228	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.222	Priority creditor's name and mailing address Cara Smith 2350 W Betty Elyse Ln Phoenix, AZ 85023	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.223	Priority creditor's name and mailing address Carla Price 128 Crockett Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.224	Priority creditor's name and mailing address Carleen Mccord 9977 State Rt 1 P O Box 92 Lawrenceville, IL 62439	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.225	Priority creditor's name and mailing address Carlos Munoz 4607 Endinburgh LN Missouri City, TX 77459	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.226	Priority creditor's name and mailing address Carol Epps 3735 S. Old Robinson Rd Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.227	Priority creditor's name and mailing address Carol Matus 205 Uptmore Rd West, TX 76691	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.228	Priority creditor's name and mailing address Carol Salin 766 Parkside Drive Vadnais Heights, MN 55127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.229	Priority creditor's name and mailing address CAROLE ZAMPELLA 48 Pierpont Pl Staten Island, NY 10314	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.230	Priority creditor's name and mailing address Carolina Rodriguez 13423 Kit Ln apt 214 Dallas, TX 75243	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.231	Priority creditor's name and mailing address Carolsue Watkins 1046 Centennial Gladstone, IL 61437	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.232	Priority creditor's name and mailing address Carolyn Day 26 Apple Tree Dr. Saugerties, NY 12477	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.233	Priority creditor's name and mailing address Carolyn Gourdon 16247 HIGHWAY 431 Prairieville, LA 70769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.234	Priority creditor's name and mailing address Carolyn Knowles 1717 Lincoln City Rd Elm Mott, TX 76640	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.235	Priority creditor's name and mailing address Carolyn Wheeler 310 Curtis Dr Sumter, SC 29153	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.236	Priority creditor's name and mailing address Carri D'Acquisto 435 Vincent Ave. Central Point, OR 97502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.237	Priority creditor's name and mailing address Carrie Anderson 7557 Christie Lane Dallas, TX 75249	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.238	Priority creditor's name and mailing address Carrie Strand 4811 Cade Rd Unit B Climax, NC 27233	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.239	Priority creditor's name and mailing address Caryn Smith 3300 Gordon St. Brunswick, GA 31520	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.240	Priority creditor's name and mailing address Casey Clark 7983 Green ave Naderland, TX 77627	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.241	Priority creditor's name and mailing address Casey Webber 4013 NE 179th St. Vancouver, WA 98686	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.242	Priority creditor's name and mailing address Cassandra Blackshire 1207 N 61st Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.243	Priority creditor's name and mailing address Cassandra Paul 520 Blaker Drive East Greenville, PA 18041	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.244	Priority creditor's name and mailing address Cassondra Peters 85938 Harts Rd Yulee, FL 32097	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.245	Priority creditor's name and mailing address Cathie Degroff 92 Pleasant Grove Church Villa Rica, GA 30180	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.246	Priority creditor's name and mailing address Cathy Ambrosius N3114 Reiland Rd. Appleton, WI 54913	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.247	Priority creditor's name and mailing address Catrice Johnson 5100 Inverness Ave Fort Worth, TX 76132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.248	Priority creditor's name and mailing address Catrina Garrett 1339 Harlandale Ave Dallas, TX 75216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.249	Priority creditor's name and mailing address Catrina Mathisen 6919 99th Street Court Cottage Grove, MN 55016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.250	Priority creditor's name and mailing address Cedric Lynum 1306 Big Lake San Antonio, TX 78245	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.251	Priority creditor's name and mailing address Celeste Valdez 2229 Beckham Way Hayward, CA 94541	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.252	Priority creditor's name and mailing address Chanda Jeffries 315 robinson ave apt 1 Patchogue, NY 11772	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.253	Priority creditor's name and mailing address Chanel Laroda 9404 Crescent Loop Circle 201 Tampa, FL 33619	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.254	Priority creditor's name and mailing address Chanelle Burton 4234 W Pioneer Dr 2081 Irving, TX 75061	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.255	Priority creditor's name and mailing address Chantel Kelly 1325 Daja Ln 701 Grand, TX 75050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.256	Priority creditor's name and mailing address Chantelle Britton 570 Smalley Ave Hayward, CA 94541	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.257	Priority creditor's name and mailing address Chantilly Washington 221 Travis Ln Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.258	Priority creditor's name and mailing address Charity Clark 309 Dixon Drive Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.259	Priority creditor's name and mailing address Charity Munoz 1554 N Columbia Decatur, GA 30032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.260	Priority creditor's name and mailing address Charles McKinivan II 101 Windsor Rd. McGregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.261	Priority creditor's name and mailing address Charles Sexton 2116 Hunters Rdg Carrollton, TX 75006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.262	Priority creditor's name and mailing address Charles Thrawley 3779 CREEKWOOD DRIVE VALDOSTA, GA 31602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.263	Priority creditor's name and mailing address Charlotte Flowers 881 Hwy 7 Eddy, TX 76524	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.264	Priority creditor's name and mailing address Chasity Micenhamer 1132 Page Ave Clarksdale, MS 38614	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.265	Priority creditor's name and mailing address Chavez Leonard 3045 Ginny Dr Valdosta, GA 31602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.266	Priority creditor's name and mailing address Chelsea Carlson 8127 Barclay Street 161 Dallas, TX 75227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.267	Priority creditor's name and mailing address Cheryl Bowen 1227 Huntington Greens Dr Sun City Center, FL 33573	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.268	Priority creditor's name and mailing address Cheryl Diago 9203 Fragrant Cloud Bakersfield, CA 93311	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.269	Priority creditor's name and mailing address Cheryl Zatopek 181 Quail Run Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.270	Priority creditor's name and mailing address Chinita Scales 2117 Memory Lane Harker Heights, TX 76548	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.271	Priority creditor's name and mailing address Chiquita Ruth 1246 S. Bell St. Clinton, SC 29325	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.272	Priority creditor's name and mailing address Chloe Chisolm 1100 N 6th St. Apt GG7 Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.273	Priority creditor's name and mailing address Chlotele Stewart 113 Shirley Dr. Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.274	Priority creditor's name and mailing address Christan Sawyer 300 W Spring Valley Rd Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.275	Priority creditor's name and mailing address Christian Flores 3719 Elise Way Dallas, TX 75236	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.276	Priority creditor's name and mailing address Christina Bradney 61538 Holler Hole Place Hannibal, MO 63401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.277	Priority creditor's name and mailing address Christina Calvert 5605 205th st ct e Spanaway, WA 98387	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.278	Priority creditor's name and mailing address Christina Carroll 9855 Shadow Way 1202 Dallas, TX 75243	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)	
2.279	Priority creditor's name and mailing address Christina Casner 1202 Shortridge Ave San Jose, CA 95116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.280	Priority creditor's name and mailing address Christina Dickman 2603 Strathfield Lane Trophy Club, TX 76262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.281	Priority creditor's name and mailing address Christina Gill 3302 S 122nd st Omaha, NE 68144	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.282	Priority creditor's name and mailing address Christina Hilton 302 n catawba st Lancaster, SC 29720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.283	Priority creditor's name and mailing address Christina March 5501 University Club Blvd N #241 Jacksonville, FL 32277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.284	Priority creditor's name and mailing address Christina Mckee 7010 Holly Hill Rd Randleman, NC 27317	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.285	Priority creditor's name and mailing address Christina Nielsen 908 Pawnee Drive Gretna, NE 68028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.286	Priority creditor's name and mailing address Christina Pinnick 2117 Columbus Avenue Unit B Waco, TX 76701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.291	Priority creditor's name and mailing address Christine Wing 12660 Kenswood Lane Apt. C Fort Myers, FL 33907	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.292	Priority creditor's name and mailing address Christopher Alexandre 29 East 10th street Brooklyn, NY 11218	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.293	Priority creditor's name and mailing address Christopher Hughes 525 1st Ave SW Apt. B Plainview, MN 55964	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.294	Priority creditor's name and mailing address Christy Ortiz 333 Lindenwood Lane South Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.295	Priority creditor's name and mailing address Christy Torres 9312 Regal Dr Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.296	Priority creditor's name and mailing address Chyna Caress 2425 Parrott Ave. 203 Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.297	Priority creditor's name and mailing address Ciara Dillingham 3533 Meadow Ave. Cincinnati, OH 45211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.298	Priority creditor's name and mailing address Cindy Doop 940 140th Ave New Richmond, WI 54017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.299	Priority creditor's name and mailing address Cindy Garcia 3608 Parrish St. Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.300	Priority creditor's name and mailing address Clarence Jones 4902 43rd Ave Unit 2 Kenosha, WI 53144	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.301	Priority creditor's name and mailing address Claudia Mitchell 1378 Brackenridge Ave Dupont, WA 98327	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.302	Priority creditor's name and mailing address Claudine Hedges 4724 New Windsor Parkway McGregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.303	Priority creditor's name and mailing address Cleo Liburd 6968 playpark trl Jacksonville, FL 32244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.304	Priority creditor's name and mailing address Cliff Mcnerney 131 Parkland Dr. Trailer 54 Sunnyside, WA 98944	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.305	Priority creditor's name and mailing address Colby Biggs 1301 e yonge st pensacola, FL 32503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.306	Priority creditor's name and mailing address Colee Webb 6193 NE Litton Rd Breckenridge, MO 64625	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.307	Priority creditor's name and mailing address Coleen Moser 6725 Grant St Omaha, NE 68104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.308	Priority creditor's name and mailing address Colleen Powers 10421 Cedar Breaks View McKinney, TX 75072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.309	Priority creditor's name and mailing address COLORADO DEPT OF REVENUE 1375 SHERMAN ST DENVER, CO 80261	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.310	Priority creditor's name and mailing address CONNECTICUT DEPT OF REVENUE SERVICES 25 SIGOURNEY ST #2 HARTFORD, CT 06106-5032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.311	Priority creditor's name and mailing address Connie Bright 378 CRESCENT CREEK LANE BRUCEVILLE, TX 76630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.312	Priority creditor's name and mailing address Connie Dudzinski 325 Alamosa Dr Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.313	Priority creditor's name and mailing address Cookie Sisneros 2502 Columbus Ave Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.314	Priority creditor's name and mailing address Corey Hastings 216 Park Meadow Way Coppell, TX 75019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.		Case number (if known)
	Name		
2.315	Priority creditor's name and mailing address Corinne Joseph 560 Malcolm X Blvd Apt 5S New York, NY 10037	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.316	Priority creditor's name and mailing address Courtney Beck 59 Dry Sage Circle Bloomington, IL 61705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.317	Priority creditor's name and mailing address Courtney Dowell 2322 N Zipper St Garden City, KS 67846	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.318	Priority creditor's name and mailing address Courtney Robinson 1400 Berkshire St. Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.319	Priority creditor's name and mailing address Courtney Stone 322 N. Pleasant Hill Rd Axtell, TX 76624	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.320	Priority creditor's name and mailing address Crissy Williams 2103 Presbury St Baltimore, MD 21217	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.321	Priority creditor's name and mailing address Cristina Labuzon 5833 Grewia St San Diego, CA 92114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.322	Priority creditor's name and mailing address Cristina Wagner 1518 Toyah Creek Lane Garland, TX 75040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.323	Priority creditor's name and mailing address Crystal Brewer 1440 Whispering Trl Dallas, TX 75241	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.324	Priority creditor's name and mailing address Crystal De La Fuente 109 Silver Fox Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.325	Priority creditor's name and mailing address Crystal Jackson 4240 Youngstown Drive Greensboro, NC 27405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.326	Priority creditor's name and mailing address Crystal Pena 2850 W. Monte Vista Ave Visalia, CA 93277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.327	Priority creditor's name and mailing address Crystal Smith 302 West Broadway Way Street West, TX 76691	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.328	Priority creditor's name and mailing address Crystal Tracht 11321 Haggerman Drive Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.329	Priority creditor's name and mailing address Cynthia Crawford 781 Wheeler Street St. George, GA 31562	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.330	Priority creditor's name and mailing address Cynthia Kidder 1009 Woodward Court Jarrell, TX 76537	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)		
2.331	Priority creditor's name and mailing address Cynthia Milner 459 Frazier Lane Axtell, TX 76624	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.332	Priority creditor's name and mailing address Cynthia Shahan 27839 37th ave s auburn, WA 98001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.333	Priority creditor's name and mailing address Cynthia Thornton 1097 Westgrove DR Saginaw, TX 76179	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.334	Priority creditor's name and mailing address Cynthia Wood 5212 Loch Lomond Dr Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.335	Priority creditor's name and mailing address Cyrona Lowe 1145 Devonshire Drive Desoto, TX 75115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.336	Priority creditor's name and mailing address Daisy Velasquez 1422 E 9th St G-39 San Bernardino, CA 92410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.337	Priority creditor's name and mailing address Daja'Nique Robinson 725 Neil Dr. Apt. 250 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.338	Priority creditor's name and mailing address Dalarian Moultrie 5101 Sanger Ave Apt 306 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)		
2.339	Priority creditor's name and mailing address Dalene London 192 Water Well Rd Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.340	Priority creditor's name and mailing address Damion Wilson 216 Marsha Cir Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.341	Priority creditor's name and mailing address Dana Drury 10302 Appaloosa Bay San Antonio, TX 78254	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.342	Priority creditor's name and mailing address Dana Mansfield 1101 Avenue F Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.343	Priority creditor's name and mailing address Daniel Burns 212 Thompson Circle Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.344	Priority creditor's name and mailing address Daniel Hesting 5144 S. Elmhurst Wichita, KS 67216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.345	Priority creditor's name and mailing address Daniel Juarez 113 Danube Drive San Antonio, TX 78213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.346	Priority creditor's name and mailing address Daniel Lloyd 3604 Eisenhower Ln Plano, TX 75023	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.347	Priority creditor's name and mailing address Daniel Ochu 3664 McConnell Road Apt 3G Greensboro, NC 27405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.348	Priority creditor's name and mailing address Danielle Basaldua 620 N HEWITT DR APT 56 Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.349	Priority creditor's name and mailing address Danielle Jones 2801 Lasker Avenue Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.350	Priority creditor's name and mailing address Danielle Klossner 108 N 28th St Gatesville, TX 76528	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.351	Priority creditor's name and mailing address Danielle Schrom 800 8th Ave. SW Pine Island, MN 55963	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.352	Priority creditor's name and mailing address Danielle Williams 1525 Papeete drive Plano, TX 75075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.353	Priority creditor's name and mailing address Danyelle Budd 404 7th Ave 3B Asbury Park, NJ 07712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.354	Priority creditor's name and mailing address Daphnia Carson 319 A Romana Circle Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.355	Priority creditor's name and mailing address Daria Thompson 1567 Pulaski Mercer Rd. Mercer, PA 16137	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.356	Priority creditor's name and mailing address Darinka Sever 6909 W. Pineberry Ridge Franklin, WI 53132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.357	Priority creditor's name and mailing address Darneshia Corley 3543 Dawson st JACKSONVILLE, FL 32209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.358	Priority creditor's name and mailing address Darrell Blankenship 5906 Fairview Dr Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.359	Priority creditor's name and mailing address Darshan Bhaidas 200 Stafford Ave Scranton, PA 18505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.360	Priority creditor's name and mailing address Dasha Johnson 308 mckeen st Waco, TX 76704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.361	Priority creditor's name and mailing address David Clifford 9901 St. Paul Ave River Ridge, LA 70123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.362	Priority creditor's name and mailing address David Cottrell 1506 Hiawatha Way Garland, TX 75043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)		
2.363	Priority creditor's name and mailing address David Hodges 740 Castleman Creek Road Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.364	Priority creditor's name and mailing address David Jones 3000 Stallion Crossing Irving, TX 75060	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.365	Priority creditor's name and mailing address David Lee 2183 Hudson Drive Lilburn, GA 30047	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.366	Priority creditor's name and mailing address David Padilla 1712 Valley View Ln 3046 Irving, TX 75061	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)		
2.367	Priority creditor's name and mailing address David Shin 8605 Oak Valley Ct Irving, TX 75063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.368	Priority creditor's name and mailing address David Webb 1698 North Lonestar Parkway Mc Gregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.369	Priority creditor's name and mailing address DAVIN BANKS CASAS 301 Rhodes Ct Fillmore, CA 93015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.370	Priority creditor's name and mailing address Davis Dang 3586 Congress Dr Riverside, CA 92503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)
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2.371	Priority creditor's name and mailing address DAWN KRANZ 4104 S KLEIN AVE SIOUXFALLS, SD 57106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.372	Priority creditor's name and mailing address Dawn Moore 401 W Carpenter St Saint Charles, IA 50240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.373	Priority creditor's name and mailing address De'Andra Washington 2712 Parrott Ave. Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.374	Priority creditor's name and mailing address Deanna Gerhart 1005 Floyd Ave Waldorf, MD 20602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.375	Priority creditor's name and mailing address Deanna Lynd 903 Lancelot Cir Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.376	Priority creditor's name and mailing address Deanna Rodriguez 124 Morning Star Cr. China Spring, TX 76633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.377	Priority creditor's name and mailing address Deanna Schubitzke 196 Mitzner Road Esko, MN 55733	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.378	Priority creditor's name and mailing address Debbie Gaugh 1900 Cranberry Isles Way Apopka, FL 32712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.379	Priority creditor's name and mailing address Debbie Levingston 1848 Woodbridge Dr Sulphur Springs, TX 75482	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.380	Priority creditor's name and mailing address Deborah Armour 606 Hamilton Ln Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.381	Priority creditor's name and mailing address Deborah Bowen 2712 S. 25th Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.382	Priority creditor's name and mailing address Deborah Brandon 272 Essick Lane Winston Salem, NC 27127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.383	Priority creditor's name and mailing address Deborah Brown 1919 Euclid Klamath Falls, OR 97601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.384	Priority creditor's name and mailing address Deborah Fields 546 Brandon Ave Milford, OH 45150	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.385	Priority creditor's name and mailing address Deborah Koepp 201 Turtle Cv Apt. A Beverly Hills, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.386	Priority creditor's name and mailing address Deborah Moore 8014 W. Hwy 84 Apt. 1028 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.387	Priority creditor's name and mailing address Deborah Olivarez 202 Laurel Lane McGregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.388	Priority creditor's name and mailing address Deborah Vasquez 417 Vance Ave Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.389	Priority creditor's name and mailing address Debra Atencio 25511 Bradford Woodhaven, MI 48183	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.390	Priority creditor's name and mailing address Debra Blackmon 20383 Cr 2160 Troup, TX 75789	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.391	Priority creditor's name and mailing address Debra Shields 315 Estates Dr Woodway, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.392	Priority creditor's name and mailing address Deirdre Salazar 5216 Avery Ln The Colony, TX 75056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.393	Priority creditor's name and mailing address DELAWARE DIVISION OF REVENUE 540 S DUPONT HIGHWAY DOVER, DE 19901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.394	Priority creditor's name and mailing address DELAWARE DIVISION OF REVENUE 20653 DUPONT BLVD STE 2 GEORGETOWN, DE 19947	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.395	Priority creditor's name and mailing address Delia Velazquez 825 Johns Rd # 414 414 Boerne, TX 78006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.396	Priority creditor's name and mailing address Deloria Smith 4801 Altamesa Blvd. Apt. 102 Fort Worth, TX 76133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.397	Priority creditor's name and mailing address Demeita Gamble 3025 Scepter Drive Duluth, GA 30096	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.398	Priority creditor's name and mailing address Demery Bailey 2825 N. State Hwy. 360 Apt. 1420 Grand Prairie, TX 75050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.399	Priority creditor's name and mailing address Denisa Bravenec 2109 Larkspur Drive Carrollton, TX 75010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.400	Priority creditor's name and mailing address Denise Larson 15417 W Street Omaha, NE 68137	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.401	Priority creditor's name and mailing address Denisse Martinez 1244 S. San Antonio Ave Onatrio, CA 91762	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.402	Priority creditor's name and mailing address Denitra Green 188 N Lake Cunningham Ave Jacksonville, FL 32259	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.403	Priority creditor's name and mailing address Dennis Harlan 6178 Myrtle Ave Long Beach, CA 90805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.404	Priority creditor's name and mailing address Dennis Hatley 6605 North Quail Hollow Rd Memphis, TN 38120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.405	Priority creditor's name and mailing address Dennis Warren 14692 Spring Valley Rd. Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.406	Priority creditor's name and mailing address Derek Owens 6413 Johnnie Terr. Oklahoma City, OK 73149	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.407	Priority creditor's name and mailing address Derrick Hawk 3725 Woody Hill Lithonia, GA 30038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.408	Priority creditor's name and mailing address Desare Pierce 14606 Dallas Pkwy 1042 Dallas, TX 75254	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.409	Priority creditor's name and mailing address Desire Jones 6251 sw 21st street pompano beach, FL 33068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.410	Priority creditor's name and mailing address Desiree Rodriguez 3425 N 26th St Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.411 Priority creditor's name and mailing address Desiree Thebeau 956 Rosetta Dr Villa Ridge, MO 63089	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.412 Priority creditor's name and mailing address Destani Alexander 4400 N 19TH ST 217 WACO, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.413 Priority creditor's name and mailing address Destiny Friend 4133 Polaris Dr Apt#1090 Irving, TX 75038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.414 Priority creditor's name and mailing address Destiny Mitchell 3013 maple hill circle Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.415	Priority creditor's name and mailing address Devin Dash 2407 Glendale Dr. Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.416	Priority creditor's name and mailing address Devona Waker 3806 William Dehaes Dr 1803 Irving, TX 75038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.417	Priority creditor's name and mailing address Diana Gonzales 917 Harvard St Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.418	Priority creditor's name and mailing address Diana Williams 9184 Sunderland Way West Chester, OH 45069	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.419	Priority creditor's name and mailing address Diane Bullock 1954 Lexington Ave #1 Norwood, OH 45212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.420	Priority creditor's name and mailing address Diane Carrigan 8707 Lincoln St. Ne Blaine, MN 55434	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.421	Priority creditor's name and mailing address Diane Lord 15606 Harmony Way Apple Valley, MN 55124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.422	Priority creditor's name and mailing address Diane Methlie 2303 Corn Dr Papillion, NE 68046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.423	Priority creditor's name and mailing address Dianne Eatmon 7301 Sanger Ave. Apt. 208 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.424	Priority creditor's name and mailing address Dianne Robinson 821 June Drive Fort Worth, TX 76108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.425	Priority creditor's name and mailing address Diawanta Darden 9000 Gladedale Woodway, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.426	Priority creditor's name and mailing address Diego Altamirano 23327 Seafarer Way Moreno Valley, CA 92557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.427 Priority creditor's name and mailing address Dina Dicorte 215 Spring Meadow Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.428 Priority creditor's name and mailing address DISTRICT OF COLUMBIA 941 NORTH CAPITAL HILL ST NE 6TH FL WASHINGTON, DC 20002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim: Taxes		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.429 Priority creditor's name and mailing address Dodi Jones 1320 north 113th court #4509 omaha, NE 68154	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.430 Priority creditor's name and mailing address Dolores Edward Henton 8486 Campbellton Street #2253 Douglasville, GA 30134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.431	Priority creditor's name and mailing address Donald Giampetroni 40195 Wathen Road Leonardtwn, MD 20650	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.432	Priority creditor's name and mailing address Donicka Warner 2058 Maple Ave Apt S1-2 Hatfield, PA 19440	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.433	Priority creditor's name and mailing address Donna Greenberg 109 Gardner St Philadelphia, PA 19116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.434	Priority creditor's name and mailing address Donna Krebs 3851 Snyder Rd Glen Rock, PA 17327	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.435	Priority creditor's name and mailing address Donna Salino 12031 Sturdivant Stafford, TX 77477	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.436	Priority creditor's name and mailing address Donnell Mitchell 332 Barclay Ct Longhorne, PA 19047	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.437	Priority creditor's name and mailing address Donnice Craddock 944 Ramblewood Drive Lewisville, TX 75067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.438	Priority creditor's name and mailing address Donnie Sebastian 101 NE Tucannon Ct Bremerton, WA 98311	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.439	Priority creditor's name and mailing address Dontavia Watson 1700 Breezy Dr Apt. 168 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.440	Priority creditor's name and mailing address Doreatha Stokes 2006 Deer Track Ln Hammonton, NJ 08037	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.441	Priority creditor's name and mailing address Doreen Mills 420 Kamber Ln. Wylie, TX 75098	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.442	Priority creditor's name and mailing address Doris Meisell 1056 Brazos Loop Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.443	Priority creditor's name and mailing address Dorothell Brownlee 4759 Harvest Knoll CV N. Memphis, TN 38125	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.444	Priority creditor's name and mailing address Dorothy Jackson 1648 Garcia Drive Apt. D Augusta, GA 30905	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.445	Priority creditor's name and mailing address Douglas Long 714 Wynfield Trace Peachtree Corners, GA 30092	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.446	Priority creditor's name and mailing address Drew'Cillia Rivers 2509 E Lakeshore Drive 503 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.447	Priority creditor's name and mailing address Duane Brundage 6441 PARK CENTRAL DR W Indianapolis, IN 46260	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.448	Priority creditor's name and mailing address Duane Hicks 707 E 2ND STREET MCGREGOR, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.449	Priority creditor's name and mailing address Dyanna Steen 248 Massey Circle Carthage, MS 39051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.450	Priority creditor's name and mailing address Ebony Saunders 497 Van Cortlandt Park Ave Apt 5L Yonkers, NY 10705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.451	Priority creditor's name and mailing address Edgardo Lazaro 36 Condict Street Jersey City, NJ 07306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; padding: 0 5px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; padding: 0 5px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.452	Priority creditor's name and mailing address Edith Esquivel 1126 Ashleman Bellmead, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; padding: 0 5px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; padding: 0 5px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.453	Priority creditor's name and mailing address Edna O'Droske 365 Fairpointe Pl Suwanee, GA 30024	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; padding: 0 5px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; padding: 0 5px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.454	Priority creditor's name and mailing address Eilyn Malave 2349 N, Mutter St Philadelphia, PA 19133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; padding: 0 5px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; padding: 0 5px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.455	Priority creditor's name and mailing address Elaine Kymes 6040 Ripplewood Dr. Mc Gregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.456	Priority creditor's name and mailing address Elaine Sonafrank 3357 Chimney Place Dr Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.457	Priority creditor's name and mailing address Eleanor Phiffer 6515 Bluebird Drive Arlington, TX 76001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.458	Priority creditor's name and mailing address Eleanor Thompson 12022 Wynnfield Lakes Cir Jacksonville, FL 32246	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.459	Priority creditor's name and mailing address Eleina Franck 347 Patten Circle Albrightsville, PA 18210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.460	Priority creditor's name and mailing address Eli Chen 3533 Thorp Springs Dr Plano, TX 75025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.461	Priority creditor's name and mailing address Eliza Gee 2509 E LakeShore Drive Apt 1508 Apt 1508 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.462	Priority creditor's name and mailing address Elizabeth Acosta 2863 N. E. Street San Bernardino, CA 92405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.463	Priority creditor's name and mailing address Elizabeth Davis 621 Pebble Creek Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.464	Priority creditor's name and mailing address Elizabeth Duran 13770 Oceanview Dr. Smith River, CA 95567	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.465	Priority creditor's name and mailing address Elizabeth Gingras 738 Coventry Ln Apt J Florence, SC 29501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.466	Priority creditor's name and mailing address Elizabeth Heusted 2900 sw eveningside dr topeka, KS 66614	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.467	Priority creditor's name and mailing address Elizabeth Johnson 1100 Mesquite Ln. Apt A Marlin, TX 76661	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.468	Priority creditor's name and mailing address Elizabeth Pinkerton 1421 Barron Ave Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.469	Priority creditor's name and mailing address Elizabeth Renteria 13004 Joliet Houston, TX 77015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.470	Priority creditor's name and mailing address Elizabeth Whitlock 1600 Heritage Parkway Axtell, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.471	Priority creditor's name and mailing address Ellen Blanc 316 Lee Place Medina, NY 14103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.472	Priority creditor's name and mailing address Ellora Shelton 703 Frances St polo, MO 64671	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.473	Priority creditor's name and mailing address Elmer Robertson 2124 Van Zandt Dr. Grand Prairie, TX 75052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.474	Priority creditor's name and mailing address Elvira Arausa 3405 Kenwood Dr Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.475	Priority creditor's name and mailing address Emari Tate 136 Ellis Farm Rd Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.476	Priority creditor's name and mailing address Emilee Fay 201 Laurel Lane McGregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.477	Priority creditor's name and mailing address Emily Backus 200 8th Street Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.478	Priority creditor's name and mailing address Emily Dormon 2487 Dundee Ct. San Leandro, CA 94577	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.479	Priority creditor's name and mailing address Emily Jernigan 4224 Rockingham Way Plano, TX 75093	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.480	Priority creditor's name and mailing address Emily Parsons 4318 Concord Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.481	Priority creditor's name and mailing address Emily Voights 1981 N 26th Rd Marseilles, IL 61341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.482	Priority creditor's name and mailing address Emma Gomez 145 Paloma Dr Woodaway, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.483	Priority creditor's name and mailing address Equong Faison 110 E Washington Ln Philadelphia, PA 19144	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.484	Priority creditor's name and mailing address Eric Latham 3513 W 77th St Chicago, IL 60652	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.485	Priority creditor's name and mailing address Erica Bowman 1117 E. Vandergriff Apr-37 Carrollton, TX 75006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.486	Priority creditor's name and mailing address Erica Kunkle 77074 Tantela Ranch 24 Folsom, LA 70437	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.487	Priority creditor's name and mailing address Erica Young 5554 Berkshire Valley Road #2 Oak Ridge, NJ 07438	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.488	Priority creditor's name and mailing address Erick Francois 6634 Kelly Ann Way Rosedale, MD 21237	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.489	Priority creditor's name and mailing address Ericka Flippin 1006 Oakridge Rd. Clarksdale, MS 38614	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.490	Priority creditor's name and mailing address Erin Culp 430 Huntsdale Ct LEXINGTON, SC 29072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.491	Priority creditor's name and mailing address Erin Lemay 4 Prospect Heights Milford, MA 01757	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.492	Priority creditor's name and mailing address Ernestina Mata 2631 Lauren Ashley San Antonio, TX 78237	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.493	Priority creditor's name and mailing address Ernesto Gutierrez 1419 E 214th St Carson, CA 90745	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.494	Priority creditor's name and mailing address Ernie Delouis 1799 Troy ave Brooklyn, NY 11234	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.495	Priority creditor's name and mailing address Eryka Henderson 1100 N. 6th St. G7 Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.496	Priority creditor's name and mailing address Essie Spann 270 South Landing Rd Rochester, NY 14610	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.497	Priority creditor's name and mailing address Estephania Bautista 1702 Pine Ave. Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.498	Priority creditor's name and mailing address Eva Briseno 101 Eucalyptus St. #7212 Lake Jackson, TX 77566	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. Name	Case number (if known)
2.499	Priority creditor's name and mailing address Evan Brown 6801 Tennyson Dr 229 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.500	Priority creditor's name and mailing address Evan Newman 49 Bayview Ave. East Islip, NY 11730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.501	Priority creditor's name and mailing address Fahim Ziyad 5621 Wellston Dr Arlington, TX 76018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.502	Priority creditor's name and mailing address Faith Stage 2736 Lake Shore Drive 2102 Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.503	Priority creditor's name and mailing address Faraz Meghani 8453 NEEDLEGRASS ROAD FRISCO, TX 75035	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.504	Priority creditor's name and mailing address FELICIA ANTWI 945 Bloomfield Dr Grand Prairie, TX, TX 75052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.505	Priority creditor's name and mailing address Felicia McCann 516 E Cypress St APT 7 LOTT, TX 76656	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.506	Priority creditor's name and mailing address FLORIDA DEPT OF REVENUE 5050 W TENNESSEE ST TALLAHASSEE, FL 32399-0100	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.507	Priority creditor's name and mailing address Forando Little 2973 Gregory CT Cincinnati, OH 45251	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.508	Priority creditor's name and mailing address Foster Coker 846 Seabrook Cove Road Jacksonville, FL 32211-7151	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.509	Priority creditor's name and mailing address Franchise White 16315 Ancient Forest Dr. Humble, TX 77346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.510	Priority creditor's name and mailing address Francine Mellis 25348 148th Road Rosedale, NY 11422	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.511	Priority creditor's name and mailing address Francis Galindo 3316 Pewitt Drive Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.512	Priority creditor's name and mailing address Francis Rivera 3720 Erath Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.513	Priority creditor's name and mailing address Francisca Alvarez 8614 11th Avenue Ct E. Tacoma, WA 98445	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.514	Priority creditor's name and mailing address Frederic Bonifay 2614 N Payne Ave Wichita, KS 67204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.515	Priority creditor's name and mailing address Gabrial Amos 309 Dixon Dr. Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.516	Priority creditor's name and mailing address Gabriel Sanchez 3855 austin st Beaumont, TX 77708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.517	Priority creditor's name and mailing address Gabriela Contreras 1416 dartmouth st waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.518	Priority creditor's name and mailing address Gabriela Estrada 2117 Richter Ave Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.519	Priority creditor's name and mailing address Gala Wallace 1505 Burnett Ave Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.520	Priority creditor's name and mailing address Garrett Ledger 5723 Pleasant Hollow Trail Shepherd, MT 59079	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.521	Priority creditor's name and mailing address Gary Hargis 3716 N 23rd St. Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.522	Priority creditor's name and mailing address George Diaz 16905 Chandler St Omaha, NE 68136	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.523	Priority creditor's name and mailing address George Dragoon 13 Riversdedge Dr. York, ME 03909	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.524	Priority creditor's name and mailing address Georgia Peitsch 7943W U.S. Highway 2 Manistique, MI 49854	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.525	Priority creditor's name and mailing address Gerald Anderson 1345 SE 6th Street 104 Grimes, IA 50111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.526	Priority creditor's name and mailing address Gerricka Watson 405 Ave I Lacy Lakeview, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.527	Priority creditor's name and mailing address Gertrude Ueal 322 Crowe Drive Euless, TX 76040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.528	Priority creditor's name and mailing address Gia Dahlman 17409 E. 5th Ave Spokane Valley, WA 99016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.529	Priority creditor's name and mailing address Gina Jimenez 1345 Herrington Ave San Bernardino, CA 92411	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.530	Priority creditor's name and mailing address Gina Sallavanti 109 Edgewood Dr. Old Forge, PA 18518	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.531	Priority creditor's name and mailing address Gina Sullivan 6500 W 43rd St 28 Sioux Falls, SD 57106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.532	Priority creditor's name and mailing address Gina Sullivan 6500 w 43rd st #28 Sioux falls, SD 57106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.533	Priority creditor's name and mailing address Ginger Kendrick Po Box 67 Leroy, TX 76654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.534	Priority creditor's name and mailing address Gisela Lopez 1018 CONSTITUTION COURT A ATLANTIC BEACH, FL 32233	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.535	Priority creditor's name and mailing address Gladys Martinez 1724 Redwood Avenue Ontario, CA 91762	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.536	Priority creditor's name and mailing address Gleiciane Cordle 1799 Cruet lane severn, MD 21144	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.537	Priority creditor's name and mailing address Glenn Poker 94 Randolph Dr Glastonbury, CT 06033	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.538	Priority creditor's name and mailing address Gloria Banyon 7952 Hemmingwood Rd Apt 1 Cordova, TN 38016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.539	Priority creditor's name and mailing address Gloria Reyna 1926 Sterling Ave Sanger, CA 93657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.540	Priority creditor's name and mailing address Gloria Scales 1318 N 63rd Street Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.541	Priority creditor's name and mailing address Grace Walton 2791 W. Moonlight Dr Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.542	Priority creditor's name and mailing address Graceann Erlenback 261 Doolittle rd Harpursville, NY 13787	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.		Case number (if known)
	Name		
2.543	Priority creditor's name and mailing address Greg James 757 Lake Carolyn Pkwy Apt 2209 Irving, TX 75039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.544	Priority creditor's name and mailing address Gregg Jones 204 White Oak Pl Mars, PA 16046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.545	Priority creditor's name and mailing address Gregory Jarrett 1032 Parkview Cir Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.546	Priority creditor's name and mailing address Gretchen Johnson Velazquez 4065 Sunny Dr. S Mandan, ND 58554	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.547	Priority creditor's name and mailing address Guadalupe Garcia 3829 W 23rd St Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.548	Priority creditor's name and mailing address Gwendolyn Jackson 2309 Jackson blvd Apt B Chalmette, LA 70043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.549	Priority creditor's name and mailing address Gwendolyn Jones 155 RUTGERS CREEK RD PORT JERVIS, NY 12771	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.550	Priority creditor's name and mailing address Gwendolyn Williams 2001 S 5th #707 Waco,tx 76706 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.551	Priority creditor's name and mailing address H Gaines 2408 N 51st St Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.552	Priority creditor's name and mailing address Hailey Cook 129 Houston Pl Venus, TX 76084	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.553	Priority creditor's name and mailing address Haley Coleman 9211 Acorn dr Woodway, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.554	Priority creditor's name and mailing address Haley Wiley 4456 S. Old Robinson Rd Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.555	Priority creditor's name and mailing address Han Ra 8739 7th St Downey, CA 90241	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.556	Priority creditor's name and mailing address Hannah Galvan 8014 W. Highway 84 Apt 1011 Woodway, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.557	Priority creditor's name and mailing address Hannah Pults 8824 Old McGregor Rd #401 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.558	Priority creditor's name and mailing address Harleigh Stringer 708 N Rita St Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.559	Priority creditor's name and mailing address Harriett Mcclenan 2736 Lake Shore Dr Apt 602 Hewitt, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.560	Priority creditor's name and mailing address Harry Epps 3609 WINLARK DRIVE Florence, SC 29506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.561	Priority creditor's name and mailing address Hasan Hasan 4818 131st pl se bellevue, WA 98006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.562	Priority creditor's name and mailing address HAWAII DEPT OF TAXATION PO BOX 259 HONOLULU, HI 96809-0259	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.563	Priority creditor's name and mailing address Hayden Joseph 5940 Woodoak Dallas, TX 75249	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.564	Priority creditor's name and mailing address Heather Bateman 25 Hillwood Drive Cheektowaga, NY 14227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.565	Priority creditor's name and mailing address Heather Gonzalez 10216 Hyacinth Ln A Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.566	Priority creditor's name and mailing address Heather Hoyuela 1214 N. Maple St Alton, TX 78573	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.567	Priority creditor's name and mailing address Heather Mccarron 2301 Belvedere Ave. Havertown, PA 19083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.568	Priority creditor's name and mailing address Heather Mills 100 Jon St Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.569	Priority creditor's name and mailing address Heather Northrup 808 7TH ST SW CEDAR RAPIDS, IA 52404-1914	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.570	Priority creditor's name and mailing address Heather Pinto 3414 Blue Candle Dr Spring, TX 77388	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.571	Priority creditor's name and mailing address Heather Ulrich 6278 Twin Creeks Drive Indianapolis, IN 46268	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.572	Priority creditor's name and mailing address HEDY COUSAR 19544 Crystal Rock Drive apt 23 Germantown, MD 20874	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.573	Priority creditor's name and mailing address Heidi Smith 14980 Sprucevale Rd 129 East Liverpool, OH 43920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.574	Priority creditor's name and mailing address Helen Breeding 27 Woodland Station Seaford, DE 19973	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.575	Priority creditor's name and mailing address Hemant Patel 722 Rowland Rd Stone Mountain, GA 30083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.576	Priority creditor's name and mailing address Henry Dickman 2603 Strathfield Ln Trophy Club, TX 76262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.577	Priority creditor's name and mailing address Henry Medeiros 72 barlow court fairfield, CA 94533	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.578	Priority creditor's name and mailing address Hernesha Williams 1037 Wentwood Dr. Desoto, TX 75115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.579	Priority creditor's name and mailing address Herty Campolo 0 Lewisville, TX 75077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.580	Priority creditor's name and mailing address Holly Moorman 390 HCR 2202 S Aquilla, TX 76622	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.581	Priority creditor's name and mailing address Hope Jones 3145 Rochambeau Ave Apt 1A Bronx, NY 10467	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.582	Priority creditor's name and mailing address Hugh Martin 4773 Bancroft Street Apartment 1 San Diego, CA 92116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.583	Priority creditor's name and mailing address Hughe Graham 3566 Meadowview Drive Riverside, CA 92503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.584	Priority creditor's name and mailing address Hui Tai 124 Westmoor Ave Daly City, CA 94015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.585	Priority creditor's name and mailing address IDAHO STATE TAX COMMISSION 800 PARK BLVD., PLAZA IV BOISE, ID 83722-0410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.586	Priority creditor's name and mailing address IDAHO STATE TAX COMMISSION 611 WILSON AVE STE 5 POCATELLO, ID 83201-5046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.587	Priority creditor's name and mailing address IDAHO STATE TAX COMMISSION 440 FALLS AVE TWIN FALLS, ID 83301-3320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.588	Priority creditor's name and mailing address IDAHO STATE TAX COMMISSION 1910 NORTHWEST BLVD STE 100 COEUR D'ALENE, ID 83814-2371	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.589	Priority creditor's name and mailing address IDAHO STATE TAX COMMISSION 1118 F STREET LEWISTON, ID 83501-1014	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.590	Priority creditor's name and mailing address IDAHO STATE TAX COMMISSION 150 SHOUP AVE STE 16 IDAHO FALLS, ID 83402-3657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.591	Priority creditor's name and mailing address Idayat Aziz Raji 335 Raymond Blvd Parsippany, NJ 07054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.592	Priority creditor's name and mailing address ILLINOIS DEPT OF REVENUE 101 WEST JEFFERSON ST. SPRINGFIELD, IL 62702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.593	Priority creditor's name and mailing address ILLINOIS DEPT OF REVENUE BANKRUPTCY SECTION PO BOX 64338 CHICAGO, IL 60664-0338	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.594	Priority creditor's name and mailing address Immanuel Mccord 54-56 Osborne Terrace Newark, NJ 07108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.595	Priority creditor's name and mailing address Inayah Rashid Simmons 2247 Blackhawk Ridge LN Manvel, TX 77578	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.596	Priority creditor's name and mailing address INDIANA DEPT OF REVENUE 100 N SENATE AVE INDIANAPOLIS, IN 46241	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.597	Priority creditor's name and mailing address INDIANA DEPT OF REVENUE 100 N SENATE AVE INDIANAPOLIS, IN 46204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.598	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.599	Priority creditor's name and mailing address IOWA DEPT OF REVENUE PO BOX 10460 DES MOINES, IA 50306-0460	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.600	Priority creditor's name and mailing address IOWA DEPT OF REVENUE BANKRUPTCY PO BOX 10471 DES MOINES, IA 50306-0471	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.601	Priority creditor's name and mailing address IOWA DEPT OF REVENUE HOOVER STATE OFFICE BUILDING 1305 E WALNUT DES MOINES, IA 50319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.602	Priority creditor's name and mailing address Irene Dylla 624 Grant Ave North Mankato, MN 56003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.603	Priority creditor's name and mailing address Isabel Cartagena 1416 S 26th Street, Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.604	Priority creditor's name and mailing address J Holstine 5515 Casberg-Burroughs RD Deer Park, WA 99006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.605	Priority creditor's name and mailing address Jacintha McGhee 11809 Hollyrock Dr Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.606	Priority creditor's name and mailing address Jackelyn Druckman 23 Debora Ct Bayshore, NY 11706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.607	Priority creditor's name and mailing address Jacklyn Gibson 1124 Timberline Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.608	Priority creditor's name and mailing address Jacqueline Benjamin P.O. Box 116694 Carrollton, TX 75011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.609	Priority creditor's name and mailing address Jacqueline Gomez 412 Peer Drive Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.610	Priority creditor's name and mailing address Jacqueline Jackson 3817 Great Oak Dr 2208 Euless, TX 76040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.611	Priority creditor's name and mailing address Jacqueline Leighton 902 Lakeview Ave. South Milwaukee, WI 53172	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.612	Priority creditor's name and mailing address Jacquelyn Waits 2416 Scott Creek Dr Little Elm, TX 75068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.613	Priority creditor's name and mailing address Jael Fatiga 2188 Herblew Rd Warrington, PA 18976	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.614	Priority creditor's name and mailing address Jaiden Wykoff 4609 Misty Vly W Wichita Falls, TX 76310	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)	
2.615	Priority creditor's name and mailing address Jalesia Phillips 1112 Spring St Waco, TX 76704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.616	Priority creditor's name and mailing address Jamal Muhammad 1033 n Cactus Ave apt 13 Rialto, CA 92376	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.617	Priority creditor's name and mailing address James Alvey 1334 East 300 North Layton, UT 84040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.618	Priority creditor's name and mailing address James Bell 435 Crescent St Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.619	Priority creditor's name and mailing address James Brox 4918 n hall str Dallas, TX 75235	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.620	Priority creditor's name and mailing address James Calver 191 Weed Ave Stamford, CT 06902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.621	Priority creditor's name and mailing address James Cumberland 20615 Meridian ave s Lynnwood, WA 98036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.622	Priority creditor's name and mailing address James Griffin 215-M S. Maple St Graham, NC 27253	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.623	Priority creditor's name and mailing address James Hankinson 11705 Crystal Falls Drive Fort Worth, TX 76244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.624	Priority creditor's name and mailing address James Huyck 8057 Plateau Dr Fort Worth, TX 76120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.625	Priority creditor's name and mailing address James Johnston PO Box 24015 Waco, TX 76702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.626	Priority creditor's name and mailing address James Lopes 2449 Aberdeen Way Unit G Richmond, CA 94806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.627	Priority creditor's name and mailing address James Mccauley 7652 East State Street Lowville, NY 13367	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.628	Priority creditor's name and mailing address James Pearson 200 Nautical Drive Apt 102 Lexington, SC 29072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.629	Priority creditor's name and mailing address James Winfield 467 S Main ST Pascoag, RI 02959	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.630	Priority creditor's name and mailing address Jamie Bowser 315 Cemetery Hill Rd Shelocta, PA 15774	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.631	Priority creditor's name and mailing address Jamilah Pitts 9713 Timberview Dr. Woodway, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.632	Priority creditor's name and mailing address Jan Bisso 960 bragg st new orleans, LA 70124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.633	Priority creditor's name and mailing address Jan Sommerfelt 27639 Powell Dr Highland, CA 92346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.634	Priority creditor's name and mailing address Jana Griffin 3719 Windsor St Irving, TX 75062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.635	Priority creditor's name and mailing address Jana Riley 707 1/2 S.Marable Street West, TX 76691	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.636	Priority creditor's name and mailing address Janet Ferretti 1800 N Martin Luther King, Jr. Blvd 2308 Waco, TX 76704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.637	Priority creditor's name and mailing address Janet Hayden 1106 Hooks Drive Apt 95 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.638	Priority creditor's name and mailing address Janette Acosta 3820 8th ave Ft. Worth, TX 76110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.639	Priority creditor's name and mailing address Janice Hopper 1402 Sycamore Dr. Murfreesboro, TN 37128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.640	Priority creditor's name and mailing address Janice Jordan 131 Darden Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.641	Priority creditor's name and mailing address Janice Sahadat 621 Oakdale Road, L Newark, DE 19713	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.642	Priority creditor's name and mailing address Janice Simcic 4804 Mills Creek Lane North Ridgeville, OH 44039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.643	Priority creditor's name and mailing address Janice Walford 2748 Water Oak Drive Grand Prairie, TX 75052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.644	Priority creditor's name and mailing address Janicea Boone 611 Oriole Blvd Unit 2503 Duncanville, TX 75116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.645	Priority creditor's name and mailing address Janna Prah 2620 Stone Lake Drive 622 Grand Prairie, TX 75050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.646	Priority creditor's name and mailing address Jared Pasnik 8027 N MacArthur Blvd. Apt 1103 Irving, TX 75063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)
2.647	Priority creditor's name and mailing address Jasmine Bell 605 Del Paso St Euleless, TX 76040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown Unknown
2.648	Priority creditor's name and mailing address Jasmine Franklin 516 KAREN ST. HEWITT, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown Unknown
2.649	Priority creditor's name and mailing address Jasmine Thompson 2718 Denise Dr Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown Unknown
2.650	Priority creditor's name and mailing address Jason Adamek 277 Sandhoff Ln Riesel, TX 76682	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown Unknown

Debtor	Name	Case number (if known)	
2.651	Priority creditor's name and mailing address Jason Kruger 24510 Highbridge Forest Lane Unit B Porter, TX 77365	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.652	Priority creditor's name and mailing address Jason Shiflet 3100 San Patricio Dr Plano, TX 75025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.653	Priority creditor's name and mailing address Jatoya Payne 173 Rolling CT Lancaster, TX 75146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.654	Priority creditor's name and mailing address Javincia Bell 1926 S 9th St Apt 54 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
2.655	Priority creditor's name and mailing address Jay Tidmore 10729 Berwyn Dr. Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.656	Priority creditor's name and mailing address Jayda Griffin 5101 sanger ave 810 waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.657	Priority creditor's name and mailing address Jaysson Aceves 4558 Fairbanks Avenue Riverside, CA 92509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.658	Priority creditor's name and mailing address Jazmyne Rodriguez 3921 Acree Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.659	Priority creditor's name and mailing address Jazsmin Anderson 4324 concord rd waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.660	Priority creditor's name and mailing address Jeanette Lopez 2525 W 26th Street Lane Greeley, CO 80634	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.661	Priority creditor's name and mailing address Jeanne Sloggy 32873 Willow Shores Rd Willow River, MN 55795	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.662	Priority creditor's name and mailing address Jeanne Tanty 8081 S. 47th Street Franklin, WI 53132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.663	Priority creditor's name and mailing address Jeannine Griffin 903 Ritters Lake Rd Greensboro, NC 27406	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.664	Priority creditor's name and mailing address Jeffrey Bradley 1720 Park Valley Drive Columbus, IN 47203	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.665	Priority creditor's name and mailing address Jeffrey Derr 1712 Nelva Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.666	Priority creditor's name and mailing address Jelani Shegog 2872A Casey Street San Diego, CA 92139	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.667	Priority creditor's name and mailing address Jenna Hood 7101 44TH ST W University Place, WA 98466	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.668	Priority creditor's name and mailing address Jennie Sharp 528 N Old Robinson Rd Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.669	Priority creditor's name and mailing address Jennifer Barrett 25469 Borought Park Driv 1022 Spring, TX 77380	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.670	Priority creditor's name and mailing address Jennifer Baukol 812 N 4th Street Grand Forks, ND 58203	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.671	Priority creditor's name and mailing address Jennifer Benes 2056 Switchgrass Lane Yorkville, IL 60560	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.672	Priority creditor's name and mailing address Jennifer Burdette 529 Karen Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.673	Priority creditor's name and mailing address Jennifer Callahan 10827 Lake Gardens Dr Dallas, TX 75218	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.674	Priority creditor's name and mailing address Jennifer Cejka 909 Susan St. Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.675	Priority creditor's name and mailing address Jennifer Davis 2119 Wildwood Ln Auburndale, FL 33823	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.676	Priority creditor's name and mailing address Jennifer Dupree 1012 W.Pioneer Pkwy #8 Arlington, TX 76013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.677	Priority creditor's name and mailing address Jennifer Estrada 8607 Shooter Cove San Antonio, TX 78254	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.678	Priority creditor's name and mailing address Jennifer Kraft 14033 Tyringham St Spring Hill, FL 34609	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.679	Priority creditor's name and mailing address Jennifer Lawson 117 5th Ave SE Unit 1991 Minot, ND 58702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.680	Priority creditor's name and mailing address Jennifer Mann 400 East Jefferson Ave Whitney, TX 76692	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.681	Priority creditor's name and mailing address Jennifer Martin 304 E. 9th St. Valley Mills, TX 76689	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.682	Priority creditor's name and mailing address Jennifer Martinez 5486 Mira Loma Circle Colorado Springs, CO 80918	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.683	Priority creditor's name and mailing address Jennifer Mendizabal 5015 W 194th Terr Stilwell, KS 66085	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.684	Priority creditor's name and mailing address Jennifer Moore 195 flintwood dr w. north vernon, IN 47265	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.685	Priority creditor's name and mailing address Jennifer Porter 2080 Hamilton Drive waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.686	Priority creditor's name and mailing address Jennifer Ramirez 1220 La Vega St. Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
2.687	Priority creditor's name and mailing address Jennifer Walton P O Box 271 Lexington, TX 78947	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.688	Priority creditor's name and mailing address Jennifer Wittenburg 10609 Hiawatha Dr Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.689	Priority creditor's name and mailing address Jenny Frye 902 Ginny Ave 29 Bellevue, NE 68005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.690	Priority creditor's name and mailing address Jenny Hughes 955 Sawmill Road Colfax, CA 95713	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.691	Priority creditor's name and mailing address Jeremy Crews 530 El Paso St Billings, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.692	Priority creditor's name and mailing address Jerian Cathey 4671 Wilson ave San Diego, CA 92116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.693	Priority creditor's name and mailing address Jerilyn Jenkins 4271 Reedland Cir San Ramon, CA 94582	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.694	Priority creditor's name and mailing address Jerrel Thompson 1424 Connally Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.695	Priority creditor's name and mailing address Jerrica Vaughn 527 Garland Ave Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.696	Priority creditor's name and mailing address Jerry Harper W3282 County Rd T Mindoro, WI 54644	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.697	Priority creditor's name and mailing address Jessica Arden 216 CR 437 Eddy, TX 76524	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.698	Priority creditor's name and mailing address Jessica Buffington 126 pine street Eddy, TX 76524	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.699	Priority creditor's name and mailing address Jessica Carrigan 8707 Lincoln St. Ne Blaine, MN 55434	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.700	Priority creditor's name and mailing address Jessica Castellano 518 N 15th St. Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.701	Priority creditor's name and mailing address Jessica Cruz 674 16th Ave E Dickinson, ND 58601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.702	Priority creditor's name and mailing address Jessica Esquivel 732 bellaire dr woodway, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.703	Priority creditor's name and mailing address Jessica Friend 521 Circleview Dr S Hurst, TX 76054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.704	Priority creditor's name and mailing address Jessica Harris 7411 S 41st Ave. Bellevue, NE 68147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.705	Priority creditor's name and mailing address Jessica Huerta 820 s belmont North Platte, NE 69101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.706	Priority creditor's name and mailing address Jessica Leatherwood 17404 TAYLOR ST Omaha, NE 68116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. Name	Case number (if known)		
2.707	Priority creditor's name and mailing address Jessica Lopez 7020 Cheshire Dr waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.708	Priority creditor's name and mailing address Jessica Phelps 901 E. Duke Hugo, OK 74743	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.709	Priority creditor's name and mailing address Jessica Ravert Steen 39151 128th Street Aberdeen, SD 57401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.710	Priority creditor's name and mailing address Jessica Saulter 8044 FM 185 Crawford, TX 76638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.711 Priority creditor's name and mailing address Jesus Gonzalez 9104 Brinson Dr Keller, TX 76244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.712 Priority creditor's name and mailing address Jesus Guadalupe Davalos Garcia 3738 Paloma Dr Ventura, CA 93003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.713 Priority creditor's name and mailing address Jhamille Davis 324 Manor Ln Marlton, NJ 08053	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.714 Priority creditor's name and mailing address Jill Dyck 627 Fairdale Road Salina, KS 67401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.715	Priority creditor's name and mailing address Jillian Dolan 13855 NE 63rd st Choctaw, OK 73020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.716	Priority creditor's name and mailing address Jillian Sanley 7254 Helen Witt Drive Lincoln, NE 68512	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.717	Priority creditor's name and mailing address Jim Clausen 401 Bob Street Hurst, TX 76053	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.718	Priority creditor's name and mailing address Jnae Kai 1130 angelia dr Mableton, GA 30126	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.		Case number (if known)
	Name		
2.719	Priority creditor's name and mailing address Joan Tiller North 1800 Martin Luther King 7203 Waco, TX 76704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.720	Priority creditor's name and mailing address Jodan Ledres 30091 Mountain View Dr Hayward, CA 94544	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.721	Priority creditor's name and mailing address Jody Hart 5232 107th Street Jacksonville, FL 32244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.722	Priority creditor's name and mailing address Jody Lee 2183 Hudson Drive Lilburn, GA 30047	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.723	Priority creditor's name and mailing address Johanne Pierre 19408 Buckingham Way Germantown, MD 20874	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.724	Priority creditor's name and mailing address John Corcoran 535 Parmentier Rd Warminster, PA 18974	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.725	Priority creditor's name and mailing address John Kurnat 3375 Appleford Way York, PA 17402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.726	Priority creditor's name and mailing address John Pace 120 Innisbrook Ct. New Bern, NC 28562	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.727	Priority creditor's name and mailing address John Rivera 924 snow mass dr hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.728	Priority creditor's name and mailing address John Wicks 328 W Kennedy St Syracuse, NY 13205	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.729	Priority creditor's name and mailing address Johnnytrea Robinson 2410 Briarwood Ln, Waco,Tx 76705 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.730	Priority creditor's name and mailing address Jon Thurston 15832 Impala Dr. Huntertown, IN 46748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.731	Priority creditor's name and mailing address Jonathan Perez 2715 s walters San Antonio, TX 78210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.732	Priority creditor's name and mailing address Jonni Butler 3115 Sheri DR Simi Valley, CA 93063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.733	Priority creditor's name and mailing address Jonnie Anderson 4801 Moselle Dr. Arlington, TX 76016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.734	Priority creditor's name and mailing address Jordan Anderson 1713 Gurley Ave. Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.735	Priority creditor's name and mailing address Jordan Price 814 Chapel View Rd Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.736	Priority creditor's name and mailing address Jordasia Pinkney 2163 Thomas Court Jacksonville, FL 32207	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.737	Priority creditor's name and mailing address Joseph Gonzales 348 RICHLAND DR APT A Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.738	Priority creditor's name and mailing address Joseph Przybyla 38319 Wildflower Ct, Apt 601 Palmdale, CA 93551	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.739	Priority creditor's name and mailing address Joseph Thurston 2721 Pueblo Dr Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.740	Priority creditor's name and mailing address Joseph Treadwell 205 meadowlark st austin, TX 78734	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.741	Priority creditor's name and mailing address Josie Pinch 1925 Belvedere Dr. Billings, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.742	Priority creditor's name and mailing address Joy Luedke 3512 Pecan Cirle Bedford, TX 76021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.743	Priority creditor's name and mailing address Joy Newby 88 Jackson Ave 501 Edison, NJ 08837-3159	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.744	Priority creditor's name and mailing address Joyce Eastland 4700 Lake Shore Dr #2 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.745	Priority creditor's name and mailing address Juan Rodriguez 12621 Oceanside Drive Euless, TX 76040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.746	Priority creditor's name and mailing address Juanita Gilkey 2136 Sugg Dr. Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.747	Priority creditor's name and mailing address Juanita Jones 1026 East 215th street Bronx, NY 10469	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.748	Priority creditor's name and mailing address Judy Adler 1626 Rolling View Way Dacula, GA 30019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.749	Priority creditor's name and mailing address Judy Cathey 391 roberts In Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.750	Priority creditor's name and mailing address Juene Griffith 3618 Summitt Pines Decatur, GA 30034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.751	Priority creditor's name and mailing address Julia Carodine Hines 1538 E 220th St Carson, CA 90745	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.752	Priority creditor's name and mailing address Julia Sharp 709 Rosedale Dr Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.753	Priority creditor's name and mailing address Julie Mahan 243 Wulfert Rd Rochester Mills, PA 15771	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.754	Priority creditor's name and mailing address Julie Peters 3371 Border Drive Stone Mountain, GA 30087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.755	Priority creditor's name and mailing address Juliette Ellis 258 Kubitza Dr Mart, TX 76664	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.756	Priority creditor's name and mailing address Julius Ganpat 4260 NW 25th Street Lauderhill, FL 33313	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.757	Priority creditor's name and mailing address Justin Fielder 2321 Therese Dr Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.758	Priority creditor's name and mailing address Justina Crain 6990 Enborne Ln San Diego, CA 92139	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.759	Priority creditor's name and mailing address Kaijin Jiang 1012 Candlewood Trl Irving, TX 75063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.760	Priority creditor's name and mailing address Kallie Ampelas 1417 N 2nd St Temple, TX 76501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.761	Priority creditor's name and mailing address Kamette Myers 9757 E Winchcomb Drive Scottsdale, AZ 85260	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.762	Priority creditor's name and mailing address Kamia Montgomery 201 Pearl Dr Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.763	Priority creditor's name and mailing address Kammie Everett 8000 N River Xing China Spring, TX 76633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.764	Priority creditor's name and mailing address Kamryon Lujan 3825 N 22nd St Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.765	Priority creditor's name and mailing address Kandace Fedro 10624 T Bury Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.766	Priority creditor's name and mailing address Kanisha Johnson 102 S. Barbara Dr. Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)		
Examination Management Services, Inc. Name			
2.767 Priority creditor's name and mailing address KANSAS DEPT OF REVENUE 915 SW HARRISON ST TOPEKA, KS 66625-4066	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim: Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.768 Priority creditor's name and mailing address Karen Martinez 2505 E Main P303 Puyallup, WA 98372	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.769 Priority creditor's name and mailing address Karen White 552 Sweet Home Rd Nashville, AR 71852	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.770 Priority creditor's name and mailing address Kari Notsch 12024 Sumter Circle Champlin, MN 55316	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.771	Priority creditor's name and mailing address Karissa Yunk 4950 38th st SE Medina, ND 58467	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.772	Priority creditor's name and mailing address Karla Lane 4490 Brisbane WY Unit 5 Oceanside, CA 92058	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.773	Priority creditor's name and mailing address Karla Lopez 428 Gaspar Key Lane Punta Gorda, FL 33955	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.774	Priority creditor's name and mailing address Karla Martinez 2601 Robinson Dr #40 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.775 Priority creditor's name and mailing address Kassidy Ford 4207 Timbercrest Ln Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.776 Priority creditor's name and mailing address Katerina Oliveira 20 Kensington Court West Elgin, SC 29045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.777 Priority creditor's name and mailing address Kathaleen Massingill P O Box 173 highlands, TX 77562	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.778 Priority creditor's name and mailing address Kathe DeVay 400 Holiday Creek Lane Georgetown, TX 78633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.779	Priority creditor's name and mailing address Katherine Davis 5101 Sanger Ave, #1112 waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.780	Priority creditor's name and mailing address Katherine Hancock 117 Susquehanna Court Havre de Grace, MD 21078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.781	Priority creditor's name and mailing address Katherine Merrill 2026 Bent Pine Ct Jacksonville, FL 32246	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.782	Priority creditor's name and mailing address Kathleen Cummins 2219 51st. Blvd. E Bradenton, FL 34208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.783	Priority creditor's name and mailing address Kathleen Kruger 396 Baylor Camp Rd China Spring, TX 76633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.784	Priority creditor's name and mailing address Kathleen Luedtke 3817 N 101st St Omaha, NE 68134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.785	Priority creditor's name and mailing address Kathleen Oxford 4620 PONTCHARTRAIN DR UNIT I SLIDELL, LA 70458	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.786	Priority creditor's name and mailing address Kathleen Shaw 908 Roosevelt Road East Rochester, NY 14445	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.787	Priority creditor's name and mailing address Kathleen Weir 3539 Reichert Rd Erie, PA 16509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.788	Priority creditor's name and mailing address Kathryn Matlock 1411 NW 122 Avenue Pembroke Pines, FL 33026	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.789	Priority creditor's name and mailing address Kathryn Stamper 4401 Cummins Street Plano, IL 60545	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.790	Priority creditor's name and mailing address Katie Willborn 1004 N Broadway Ballinger, TX 76821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.791	Priority creditor's name and mailing address Katrina Myers 8542 Hickcock Drive Baton Rouge, LA 70811	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.792	Priority creditor's name and mailing address Kavayanna Diggs 2509 S. 16th St. Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.793	Priority creditor's name and mailing address Kawanis Lanier 3727 Kushla Ave Dallas, TX 75216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.794	Priority creditor's name and mailing address Kayla Griffin 8014 W. Hwy. 84 2049 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
2.795	Priority creditor's name and mailing address Kayla Grigsby 702 Sunny Brook Terrace Apartment 1138 Gaithersburg, MD 20877	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.796	Priority creditor's name and mailing address Kayla Lee 2525 E. Lake Shore Dr. Apt. 1602 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.797	Priority creditor's name and mailing address Kayla McCann 237 CR 415 Chilton, TX 76632	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.798	Priority creditor's name and mailing address Kayla Nevels 6607 Dunn St. Apt. A Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.799	Priority creditor's name and mailing address Kayla Thompson 427 Panther Way Hewitt, TX 77643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.800	Priority creditor's name and mailing address Kaylee Hill 3 Mather St. Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.801	Priority creditor's name and mailing address Keandrea Spivey 620 N Hewitt Dr Apt 112 Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.802	Priority creditor's name and mailing address Keele Hamilton 320 Tranquility lane Cedar Hill, TX 75104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.803	Priority creditor's name and mailing address Kehinde Yeboah 1801 Granite Drive, Apt. 1097 Arlington, TX 76013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.804	Priority creditor's name and mailing address Keith Hebert 6 lampton drive derry, NH 03038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.805	Priority creditor's name and mailing address Kelley Horner 92 Foster Hill West Brookfield, MA 01585	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.806	Priority creditor's name and mailing address Kellie Jorgenson 1212 SE London Way Lees Summit, MO 64081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.807	Priority creditor's name and mailing address Kellie Lawton 7689 Highway 29 N Danielsville, GA 30633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.808	Priority creditor's name and mailing address Kelly Fiers 1050 Attaway Rd. Clarksville, TN 37040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.809	Priority creditor's name and mailing address Kelly Kieslich 1627 Twin Oak Dr. E Middleburg, FL 32068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.810	Priority creditor's name and mailing address Kelly Kornegay 10505 Granada Dr. Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.811	Priority creditor's name and mailing address Kelly Melton 1055 Old Bethany Rd Bruceville, TX 76630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.812	Priority creditor's name and mailing address Kelly Sallade 72 Kettlebrook Drive Mount Laurel, NJ 08054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.813	Priority creditor's name and mailing address Kelly Wilder 20 W Cobble Hill RD Apt D Barre, VT 05641	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.814	Priority creditor's name and mailing address KELLY WILLIAMS LANE 3915 Torrey Pines Circle #201 Memphis, TN 38125	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc. Name	Case number (if known)		
2.815	Priority creditor's name and mailing address Kelly Zanti 5822 Oakland Rd Baltimore, MD 21227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.816	Priority creditor's name and mailing address Kelsie Curley 4510 North 19th Apt E Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.817	Priority creditor's name and mailing address Kendra Macfarland 5 Menton St Mattapan, MA 02126	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.818	Priority creditor's name and mailing address Kendra Shyne 565 S. Mason Rd. #366 Katy, TX 77450	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.819	Priority creditor's name and mailing address Kenneth Baker 8145 Iron Dr Fort Worth, TX 76137	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.820	Priority creditor's name and mailing address Kenneth Howell 832 Kinwest Apt #261 Irving, TX 75063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.821	Priority creditor's name and mailing address Kenya Martin 225 HillCrest Manor Court Apt D Utica, NY 13501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.822	Priority creditor's name and mailing address Keosha Wilson 1300 s 11th st APT 3203 waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.823	Priority creditor's name and mailing address Kerri Baur 32 Benning Rd Claymont, DE 19703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.824	Priority creditor's name and mailing address Kerri Bradford 1642 N. 15th A Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.825	Priority creditor's name and mailing address Kerri Hume 744 Cottontail Ct. S Columbia, SC 29229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.826	Priority creditor's name and mailing address Keshona Harris 1700 Bagdad Rd 823 Cedar Park, TX 78613	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.827	Priority creditor's name and mailing address Kevin Grimstad 2508 Meadow Park Circle # 55 Bedford, TX 76021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.828	Priority creditor's name and mailing address Kevin Vidato 315 160th PL SE Bothell, WA 98012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.829	Priority creditor's name and mailing address Kevin Young 2306 Shannon Ln Walnut Creek, CA 94598	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.830	Priority creditor's name and mailing address Keynocha Brunson 2015 Chase Common Court Norcross, GA 30071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.831	Priority creditor's name and mailing address Keyshawn Mckinney 1921 Park Ave. Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.832	Priority creditor's name and mailing address Khandra Ivy 1849 Parkwood Dr Apt 21B Tupelo, MS 38801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.833	Priority creditor's name and mailing address Khristina Fox 54911 Eads Road Pacific Junction, IA 51561	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.834	Priority creditor's name and mailing address Kianna Hines 2225 Pine Avenue Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.835	Priority creditor's name and mailing address Kiara Eckles 3116 Lyle Avenue Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.836	Priority creditor's name and mailing address Kierra Thompson 786 Balitmore st Memphis, TN 38114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.837	Priority creditor's name and mailing address Kimberlee Cutler 6202 Appleton Lake Drive Brighton, MI 48116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.838	Priority creditor's name and mailing address Kimberli Hyche 3400 Robinson Dr Trlr #99 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.839	Priority creditor's name and mailing address Kimberly Arrell 3500 SE Concord Rd Portland, OR 97267	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.840	Priority creditor's name and mailing address Kimberly Callahan 1210 Ne Main Street Grimes, IA 50111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.841	Priority creditor's name and mailing address Kimberly Fuentes 8802 Tradewind Dr. 304 Windcrest, TX 78239	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.842	Priority creditor's name and mailing address Kimberly Hale 2826 N 15 A Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.843	Priority creditor's name and mailing address Kimberly Hawkins 26 Lucy Ln Wylie, TX 75098	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.844	Priority creditor's name and mailing address Kimberly Hernandez 201 N Bordon St Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.845	Priority creditor's name and mailing address Kimberly Jackson 167 Evergreen Road Brockport, NY 14420	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.846	Priority creditor's name and mailing address Kimberly McCraney 5536 Gwendolyn Dr. Apt.208 Memphis, TN 38125	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. Name	Case number (if known)		
2.847	Priority creditor's name and mailing address Kimberly Menton 17 Turnbach Lane Sugarloaf, PA 18249	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.848	Priority creditor's name and mailing address KIMBERLY NOWELLHOUR 615 Gairloch Pl Bel Air, MD 21015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.849	Priority creditor's name and mailing address Kimberly Ratliff 1000 Sutton Place 812 Horn Lake, MS 38637	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.850	Priority creditor's name and mailing address Kimberly Ruggieri 762 HICKORY AVE Aston, PA 19014	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.851	Priority creditor's name and mailing address Kimberly West 1327 Passage Dr Odenton, MD 21113	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.852	Priority creditor's name and mailing address Kira Harris 2509 E. Lakeshore Dr. Apt. 206 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.853	Priority creditor's name and mailing address Kisha Fahie 1810 Chatfield Terrace Severn, MD 21144	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.854	Priority creditor's name and mailing address Kishore Javvaji 1206 Hidden Ridge 2026 Irving, TX 75038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.855	Priority creditor's name and mailing address Korena Ream 113 Dewey St Mill Hall, PA 17751	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.856	Priority creditor's name and mailing address Kourosh Khatami 5300 Parkview Drive Apt 1061 Lake Oswego, OR 97035	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.857	Priority creditor's name and mailing address Kristal Luna 4005 Harrison St. Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.858	Priority creditor's name and mailing address Kristen Anderson 2216 N. 44th St. Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.859	Priority creditor's name and mailing address Kristen Bohn 8070 central ave ne 302 spring lake park, MN 55432	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.860	Priority creditor's name and mailing address Kristen Lossing 240 Robin Rd Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.861	Priority creditor's name and mailing address Kristenn Smith 2241 S State Highway 121 1113 Lewisville, TX 75067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.862	Priority creditor's name and mailing address Kristi Smith 508 Navajo Trl Mcgregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.863	Priority creditor's name and mailing address Kristie Frein 5031 Greenway Drive North Port, FL 34287	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.864	Priority creditor's name and mailing address Kristie Kincherlow 4809 N O'Connor Rd 2059 Irving, TX 75062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.865	Priority creditor's name and mailing address Krystal Malcolm 532 NW 15th Ave Fort Lauderdale, FL 33311	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.866	Priority creditor's name and mailing address Krystal Ojeda 2030 S Forum Dr Unit 214 Grand Prairie, TX 75052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.867	Priority creditor's name and mailing address Krystal Patterson 2704 FM 219 Clifton, TX 76634	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.868	Priority creditor's name and mailing address Krystal Seniceros 2960A Primrose Dr 2960A Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.869	Priority creditor's name and mailing address Kyaira Jackson 725 East 60th St Jacksonville, FL 32208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.870	Priority creditor's name and mailing address Kyawana Johnson 2600 S 16th Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.871	Priority creditor's name and mailing address Kylah Vrana 350 N Ave D 13 Crawford, TX 76638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.872	Priority creditor's name and mailing address Kyle Phillips 74 N. 2100 East Rd. Heyworth, IL 61745	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.873	Priority creditor's name and mailing address Kynaiah Powell 2732 South 14th Street Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.874	Priority creditor's name and mailing address Lacey Brogden 907 Lancelot Circle Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.875	Priority creditor's name and mailing address Lacy Witte 1177 Bend of the Bosque China Spring, TX 76633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.876	Priority creditor's name and mailing address Lajuan Rogers 5452 Chestnut St Philadelphia, PA 19139	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.877	Priority creditor's name and mailing address LaKeesha Taylor 3630 wilson cove ct snellville, GA 30039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.878	Priority creditor's name and mailing address Lakeisha Jones 916 Bardswell Rd Catonsville, MD 21228	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.879	Priority creditor's name and mailing address Lakesha Johnson 5445 Euclid St Philadelphia, PA, PA 19131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.880	Priority creditor's name and mailing address Lakeycha Brown 451 Monument rd apt 208 Jacksonville, FL 32225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.881	Priority creditor's name and mailing address Lakin Buchanan 818 Colcord Ave. 4103 Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.882	Priority creditor's name and mailing address Lalanda Wesley 7051 Clarkridge Dr. Apartment 5201 Dallas, TX 75236	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)		
2.883	Priority creditor's name and mailing address Laryssa Benford 620 N. Hewitt Dr. Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.884	Priority creditor's name and mailing address LaShanda Evans 4300 Meyers Ln # 1009 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.885	Priority creditor's name and mailing address Lasharee Bailey 4510 S 3rd St Rd 8C Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.886	Priority creditor's name and mailing address Lashawnda Gambrell 14012 Savannah Landing Ln Rosharon, TX 77583	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.887	Priority creditor's name and mailing address Lashayla Jackson 270 S. Watters Rd apt 180 Allen, TX 75013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.888	Priority creditor's name and mailing address Lasonya Micheaux P.O. BOX 2562 Conroe, TX 77305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.889	Priority creditor's name and mailing address Latese Watkins 1395 Carvill Ave Jacksonville, FL 32208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.890	Priority creditor's name and mailing address Latisha Carden 2901 Forest Hollow Ln #2504 Arlington, TX 76006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.891	Priority creditor's name and mailing address LaTocha Marshall 5101 Sanger Ave 1006 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.892	Priority creditor's name and mailing address LaTonya Randolph 6607 Dunn St D Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.893	Priority creditor's name and mailing address Latoya Neal 9821 Chapel Rd Apt 2211 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.894	Priority creditor's name and mailing address LAUIRE HOPPIS 240 Azalea Ave Ben Lomond, CA 95005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)
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2.895	Priority creditor's name and mailing address Laura Aldinger 355 Old Stage Rd Lewisberry, PA 17339	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.896	Priority creditor's name and mailing address Laura Gamble 352 Richland Dr Apt C Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.897	Priority creditor's name and mailing address Laura Gibbons 8067 SKYLINE DR BROADVIEW HEIGHTS, OH 44147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.898	Priority creditor's name and mailing address Laura Lochheed 360 Harmony Brass Castle Rd Phillipsburg, NJ 08865	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.899	Priority creditor's name and mailing address Laura Rhode 3492 N 900 W Delphi, IN 46923	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.900	Priority creditor's name and mailing address Laura Sauter 3500 south 4th st Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.901	Priority creditor's name and mailing address Laurie Goss 5213 Lake Charles Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.902	Priority creditor's name and mailing address Laurie Jones 13685 N RANCHAIR RD Molt, MT 59057	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.903	Priority creditor's name and mailing address Laurie Leach 8828 mystic trail fort wort, TX 76118	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.904	Priority creditor's name and mailing address Laurie Wright 3206 Pine Road D-3 Bremerton, WA 98310	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.905	Priority creditor's name and mailing address Laurine Hart 1814 Gladstone Street Philadelphia, PA 19145	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.906	Priority creditor's name and mailing address Lawrence Sexton 461 Camby Court Greenwood, IN 46142	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.907	Priority creditor's name and mailing address Leah Beranyk 30473 avenida caylee homeland, CA 92548	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.908	Priority creditor's name and mailing address Leandra Dickerson 73 Greentree Lane apt 136 Dover, DE 19904	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.909	Priority creditor's name and mailing address Leanna Reyes 3732 N 23rd St Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.910	Priority creditor's name and mailing address Lee Alonso 118 W 11th St. Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.911	Priority creditor's name and mailing address Leeann Schray 790 Chippewa Ave St Paul, MN 55107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.912	Priority creditor's name and mailing address Leeanna Vohl 105 E cardinal ln #3 harker heights, TX 76548	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.913	Priority creditor's name and mailing address Lena Joslin 3208 SO 68th Plz Omaha, NE 68106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.914	Priority creditor's name and mailing address Lenette Rogers 5452 Chestnut St Apt #1 Philadelphia, PA 19139	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.915	Priority creditor's name and mailing address Leona Ducre P.O. Box 722107 San Diego, CA 92172	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.916	Priority creditor's name and mailing address Lera Chubb 128 SARATOGA AVE Pawtucket, RI 02861	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.917	Priority creditor's name and mailing address Leslee Marshall 1138 4th Ave N Texas City, TX 77590	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.918	Priority creditor's name and mailing address Leslie Accardo 337 West Ave. Harahan, LA 70123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.919	Priority creditor's name and mailing address Leslie Blackman 14105 Orchard Ave Omaha, NE 68137	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.920	Priority creditor's name and mailing address Leslie Guerra 3541 Bluebird St Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.921	Priority creditor's name and mailing address Leticia Casarez 3524 Odessa Dallas, TX 75212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.922	Priority creditor's name and mailing address Leticia Casiano 3704 Charlton Ave Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.923	Priority creditor's name and mailing address Leuviska Allen 199 North Broadway A4 Shelby, MS 38774	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.924	Priority creditor's name and mailing address Liberato Atienza 6209 Shasta Creek Way Elk Grove, CA 95758	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.925	Priority creditor's name and mailing address Lillie Walters 34447 Yale Dr Yucaipa, CA 92399	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.926	Priority creditor's name and mailing address Linda Aguilar 3313 E. Brookview Drive Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			
2.927	Priority creditor's name and mailing address Linda Birts 8200 Gilbert Street Philadelphia, PA 19150	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.928	Priority creditor's name and mailing address Linda Bracey 610 Brown St Sumter, SC 29150	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.929	Priority creditor's name and mailing address Linda Kozak 21540 Provincial Blvd #218 Katy, TX 77450	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.930	Priority creditor's name and mailing address Linda Nuetzi 11511 Petersham Falls Ln Jacksonville, FL 32258	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.931	Priority creditor's name and mailing address Linda Rohr 635 Meadowglen Duncanville, TX 75137	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.932	Priority creditor's name and mailing address Linda Sawyers 1901 Madera Dr Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.933	Priority creditor's name and mailing address Linda Smallwood 4196 McEver Park Dr Acworth, GA 30101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.934	Priority creditor's name and mailing address Lindsay Estes 9000 chapel rd apt 24101 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.935	Priority creditor's name and mailing address Lindsay Ray 13430 Montclair Dr Omaha, NE 68144	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.936	Priority creditor's name and mailing address Linwood Holmes 3000 Belair Dr Bowie, MD 20715	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.937	Priority creditor's name and mailing address Lisa Castilow 250 Summer Harvest Dr Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.938	Priority creditor's name and mailing address Lisa Davenport 620 Hewitt Dr. #75 Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.939	Priority creditor's name and mailing address Lisa Dickison 5101 Sanger Ave. #1105 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.940	Priority creditor's name and mailing address Lisa Earley 1901 Richter #5208 Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.941	Priority creditor's name and mailing address Lisa Gaskill 2675 N 93rd Apt 208 Omaha, NE 68134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.942	Priority creditor's name and mailing address Lisa Grismore 2736 SO 26TH ST Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.943	Priority creditor's name and mailing address Lisa Guest 1816 Rey Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.944	Priority creditor's name and mailing address Lisa Guzman 621 Lakeside Dr Irving, TX 75062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.945	Priority creditor's name and mailing address Lisa Maclin 3759 Lakehurst Dr Memphis, TN 38128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.946	Priority creditor's name and mailing address Lisa Mulvihill 3048 Fernwood Ave Egg Harbor Twp, NJ 08234	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.947	Priority creditor's name and mailing address Lisa Ray 2625 N. Hwy 360 Apt. 828 Grand Prairie, TX 75050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.948	Priority creditor's name and mailing address Lisa Salter 2317 Summer Oaks Court Apt.1103 Arlington, TX 76011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.949	Priority creditor's name and mailing address Lisa Stone 1557 Knottingham Ln Little Elm, TX 75068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.950	Priority creditor's name and mailing address Lisa Thomas 10007 AMBER CIRCLE Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.951	Priority creditor's name and mailing address Lisa Vannata 5641 Mossberg Dr New Port Richey, FL 34655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.952	Priority creditor's name and mailing address Lizbeth Martinez 1214 Dartmouth Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.953	Priority creditor's name and mailing address Lloyd Leone 4 Ramar Street Flanders, NJ 07836	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.954	Priority creditor's name and mailing address Lois Kidd 570 Berkley st A Camden, NJ 08103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.955	Priority creditor's name and mailing address Loralyn Napfel 1509 Green Rd Edgewood, MD 21040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.956	Priority creditor's name and mailing address Loreta Tardio 14849 Los Gatos Blvd Los Gatos, CA 95032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.957	Priority creditor's name and mailing address Lori Butler 5710 Francis Ct SE Auburn, WA 98092	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.958	Priority creditor's name and mailing address Lori Donald 7101 South 83rd St #12 LaVista, NE 68128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.959	Priority creditor's name and mailing address Lori Holman 740 Castleman Creek Dr. Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.960	Priority creditor's name and mailing address Lori Micheals 3122-B Pisgah Place Greensboro, NC 27455	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.961	Priority creditor's name and mailing address Louie Cabrera 715 Allison ave #5 manhattan, KS 66502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.962	Priority creditor's name and mailing address Louis Medeiros 29 Arthur Ave # 15 East Providence, RI 02914	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.963	Priority creditor's name and mailing address LOUISE MEDINA 77 Norwich Way Pleasant Hill, CA 94523	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.964	Priority creditor's name and mailing address Louise Schardt 65 Martins Ln Hamilton, NJ 08620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.965	Priority creditor's name and mailing address LOUISIANA DEPT OF REVENUE PO BOX 201 BATON ROUGE, LA 70802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.966	Priority creditor's name and mailing address LOUISIANA DEPT OF REVENUE PO BOX 201 BATON ROUGE, LA 70821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.967	Priority creditor's name and mailing address Lovely Davis 2265 W. 28TH STREET JACKSONVILLE, FL 32209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.968	Priority creditor's name and mailing address Lovely Ethakkan 327 Wyndale Court Lewisville, TX 75056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.969	Priority creditor's name and mailing address Luanne Veino 403 E. Pease Hayworth, IL 61745	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.970	Priority creditor's name and mailing address Lucy Gardner 120 Coventry Circle Lansdale, PA 19446	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.971	Priority creditor's name and mailing address Lucy Njoroge 8225 Mariners Dr 184 Stockton, CA 95219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.972	Priority creditor's name and mailing address Lucy Walker 2233 Lake Ridge Circle Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.973	Priority creditor's name and mailing address Luetricia Billingsley 4829 Enclave Drive Union City, GA 30291	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.974	Priority creditor's name and mailing address Lula Draper P O BOX 385 MACON, MS 39341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.975	Priority creditor's name and mailing address Lydia Frierson 416 N Shore Ct Chapin, SC 29036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.976	Priority creditor's name and mailing address Lynda Butler 2100 Joes Lake Road Shelby, NC 28152	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.977	Priority creditor's name and mailing address Lynda Cobb 115 Parkway Dr. Lot C Texarkana, TX 75501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.978	Priority creditor's name and mailing address Lynda D'Angelo 501 Willow Way McGregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.979	Priority creditor's name and mailing address Lyndsey French 700 N. Scarlett St. Lacy lakeview, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.980	Priority creditor's name and mailing address Lynette Henley 5431 Sharswood St Philadelphia, PA 19131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.981	Priority creditor's name and mailing address Lynne Costello 55 Kings Ct. Woolwich Township, NJ 08085	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.982	Priority creditor's name and mailing address Lynne Dolinay 307 Manor Rd Hatboro, PA 19040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.983	Priority creditor's name and mailing address Lynnette Davis 3327 N 47th St Milwaukee, WI 53216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.984	Priority creditor's name and mailing address Ma Susan Tan 11419 Monterrey Drive Silver Spring, MD 20902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.985	Priority creditor's name and mailing address Madeleine Burroughs 904 NE 18th Street Fort Lauderdale, FL 33305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.986	Priority creditor's name and mailing address Madison Landwehr 305 W Meadow DR Prairie City, IA 50228	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.987	Priority creditor's name and mailing address Madysen Baker 325 Oakwood Ln. Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.988	Priority creditor's name and mailing address MAINE REVENUE SERVICES 24 STATE HOUSE STATION AUGUSTA, ME 04333	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.989	Priority creditor's name and mailing address Maira Treto 5880 S University Parks Dr. Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.990	Priority creditor's name and mailing address Malaysia Barrett 2301 Los Arboles Ln Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.991	Priority creditor's name and mailing address Malcolm Norwood 100 Hali Brooke Dr. China Spring, TX 76633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.992	Priority creditor's name and mailing address Malinda Gerard 801 North Broad St Apt 3F Elizabeth, NJ 07208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.993	Priority creditor's name and mailing address Mandi Bess 8121 cloverglenn In ft worth, TX 76123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.994	Priority creditor's name and mailing address Mandy Garrett 4607 Meyers Ln Bellmead, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.995	Priority creditor's name and mailing address Manida Son 518 S Althea Ave Rialto, CA 92376	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.996	Priority creditor's name and mailing address Marcia Smith 324 Branded Blvd Kokomo, IN 46901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.997	Priority creditor's name and mailing address Marcus Neal 9821 Chapel Rd Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.998	Priority creditor's name and mailing address Maren Hardaway 920 Meadow Creek Drive 2120 Irving, TX 75038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.		Case number (if known)
Name			
2.999	Priority creditor's name and mailing address Margaret Alvarez 8617 MT Whitriey El Paso, TX 79904	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1000	Priority creditor's name and mailing address Margaret Brown 3106 Union Street Oakland, CA 94608	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1001	Priority creditor's name and mailing address Margaret Burken 6932 Glendale Dr North Richland Hills, TX 76182	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1002	Priority creditor's name and mailing address Margaret Day 8737 Dandy Ave Jacksonville, FL 32211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1003	Priority creditor's name and mailing address Margaritta Norris 9225 Regal Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1004	Priority creditor's name and mailing address Margery Showmaker 144 E. Evergreen Street West Grove, PA 19390	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1005	Priority creditor's name and mailing address Margori Mendez 669 Thomas ave Baldwin, NY 11510	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1006	Priority creditor's name and mailing address Maria Bell 3001 South New Road 1206 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1007	Priority creditor's name and mailing address Maria Chavez 612 Jay Ave McAllen, TX 78504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1008	Priority creditor's name and mailing address Maria Esquivel Tinoco 517 Westend Dr McGregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1009	Priority creditor's name and mailing address Maria Flores 3806 Colina Ln Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1010	Priority creditor's name and mailing address Maria Jimenez 3809 Rolando Ave. Waco, TX 76711 Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1011	Priority creditor's name and mailing address Maria Magana 2230 N. H. St Oxnard, CA 93036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1012	Priority creditor's name and mailing address Maria Morales 7 Oracle CT Sacramento, CA 95823	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1013	Priority creditor's name and mailing address Maria Nash 1610 Arrowhead Dr N. Glenville, NY 12302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1014	Priority creditor's name and mailing address Maria Oliva 805 S 8th St Apt 305 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.1015	Priority creditor's name and mailing address Maria Ontiveros 109 Poplar St Harlingen, TX 78552	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1016	Priority creditor's name and mailing address Maria Rodriguez 4320 Modoc Road Apt H. Santa Barbara, CA 93110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1017	Priority creditor's name and mailing address Maria Salcedo 3825 Echo Brook Lane Dallas, TX 75229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1018	Priority creditor's name and mailing address Maria Salinas 3824 Cumberland Ave Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1019	Priority creditor's name and mailing address Mariah Proud 119 Ridgeway Drive Lolo, MT 59847	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1020	Priority creditor's name and mailing address Marianne Muha 567 Charles Dr. Brick, NJ 08723	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1021	Priority creditor's name and mailing address Maricela Ramirez 2522 Parrott Ave Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1022	Priority creditor's name and mailing address Maridadi Jones 902 Cannon Dr. Euless, TX 76040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.1023	Priority creditor's name and mailing address Marie Hutchinson 3228 Fm 217 Valley Mills, TX 76689	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1024	Priority creditor's name and mailing address Marie Oge 1285 Burton Ave Elmont, NY 11003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1025	Priority creditor's name and mailing address MARIELA MONROY HINOJOSA 8413 Harding Houston, TX 77012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1026	Priority creditor's name and mailing address MARILYN WINTERS 1430 Marratooka Rd Mattituck, NY 11952	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1027	Priority creditor's name and mailing address Marisa Gomez 710 Rice Way Yuba City, CA 95991	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1028	Priority creditor's name and mailing address Marisela Chavez 5100 Sanger Ave #256 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1029	Priority creditor's name and mailing address Marisol Fajardo 8428 Emily Wood Cir Tampa, FL 33647	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1030	Priority creditor's name and mailing address Marjorie Carpenter 1405 Olive Lane N #3108 Plymouth, MN 55447	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.1031 Priority creditor's name and mailing address Marjorie Estrick 27290 W. Potter Dr Buckeye, AZ 85396	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1032 Priority creditor's name and mailing address Mark Jenkins 2005 S. 8th St. Apt. 11 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1033 Priority creditor's name and mailing address Mark Moss 1208 Calico Ln Apt 614 Arlington, TX 76011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1034 Priority creditor's name and mailing address Mark Rangel 4900 Bagby Ave apt 307 Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.1035	Priority creditor's name and mailing address Mark Reid 115 Forest Dr Bridgewater, MA 02324	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1036	Priority creditor's name and mailing address Marla Cole 2 Crane Drive NE Rome, GA 30161	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1037	Priority creditor's name and mailing address Marlene Flores 35564 Ramada Lane Yucaipa, CA 92399	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1038	Priority creditor's name and mailing address Marlene Parrack 7213 FM 421 Kountze, TX 77625	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)
2.1039	Priority creditor's name and mailing address Marlene Thrawley 3779 Creek wood Drive Valdosta, GA 31602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown Unknown
2.1040	Priority creditor's name and mailing address Marsha Berner 738 Richmond Rockwell City, IA 50579	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown Unknown
2.1041	Priority creditor's name and mailing address Martha Wenger 564 Onga Hat Road Southampton, NJ 08088	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown Unknown
2.1042	Priority creditor's name and mailing address Martina Farris 204 Chelsea Dr Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown Unknown

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1043	Priority creditor's name and mailing address Martrice Peoples 3500 N. 25th St. Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1044	Priority creditor's name and mailing address Mary Ann Prucinsky 1132 Racine Street Rapid City, SD 57701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1045	Priority creditor's name and mailing address Mary Autrey 1916 Real Drive Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1046	Priority creditor's name and mailing address Mary Baier 13618 Cuning Lane Lakeside, CA 92040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1047	Priority creditor's name and mailing address Mary Fazio 3228 Fm 217 Valley Mills, TX 76689	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1048	Priority creditor's name and mailing address Mary Griffin Palmer 14834 Honor Ct Woodbridge, VA 22193	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1049	Priority creditor's name and mailing address Mary Guardiola 1424 Monte Vista St Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1050	Priority creditor's name and mailing address Mary Halonen 1227 Irvine Dr Hanover, MN 55341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)		
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2.1051	Priority creditor's name and mailing address Mary Harris 352 S. Vine West Union, IA 52175	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1052	Priority creditor's name and mailing address Mary Hegmann 400 W Hartford St apt 1 Milford, PA 18337	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1053	Priority creditor's name and mailing address Mary Herrera 1206 Alston Dr. Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1054	Priority creditor's name and mailing address Mary Mansfield 521 Wray St Reidsville, NC 27320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)		
2.1055	Priority creditor's name and mailing address Mary Mosegard 2229 S. Abbey Loop New Braunfels, TX 78130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1056	Priority creditor's name and mailing address Mary Noonan 7105 S 53rd St Omaha, NE 68157	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1057	Priority creditor's name and mailing address Mary Orta 10100 Pantherway #236 Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1058	Priority creditor's name and mailing address Mary Patterson 9484 County Rd G Suring, WI 54174	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1059	Priority creditor's name and mailing address Mary Troisi 29 GROSBEAK DR Hackettstown, NJ 07840	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1060	Priority creditor's name and mailing address Mary Walker 1401 NW 93rd ct clive, IA 50325	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1061	Priority creditor's name and mailing address Mary Woodall 7388 Lake In The Woods Lane Trussville, AL 35173	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1062	Priority creditor's name and mailing address Maryanne Elder 838 Cindy Cove Rd Blairsville, GA 30512	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.1063 Priority creditor's name and mailing address MARYLAND OFFICE OF THE COMPTROLLER 80 CALVERT STREET ANNAPOLIS, MD 21404	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim: Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1064 Priority creditor's name and mailing address Mason Backus 2529 Massey Ln. Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1065 Priority creditor's name and mailing address MASSACHUSETTS DEPT OF REVENUE DEPARTMENT OF REVENUE PO BOX 7010 BOSTON, MA 02204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim: Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1066 Priority creditor's name and mailing address Matthew Bean 5308 Bigwood Ct Grand Prairie, TX 75052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1067	Priority creditor's name and mailing address Matthew Reynolds 1508 Rosewood Lane Allen, TX 75002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1068	Priority creditor's name and mailing address Matthew Swank 5193 Nile Rd Sparta, NC 28675	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1069	Priority creditor's name and mailing address Maureen Lucci 101 Sherman Road Springfield, PA 19064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1070	Priority creditor's name and mailing address Maya Ervin 711 N 32nd St Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.1071	Priority creditor's name and mailing address Mayra Carrizales 4331 fort ave waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1072	Priority creditor's name and mailing address Mckenzie Holtzclaw 2525 East Lakeshore Drive 503 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1073	Priority creditor's name and mailing address Meagan Weber 1212 Royal Oaks Dr Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1074	Priority creditor's name and mailing address Mechiel Leblue 3506 Ludwig St. Little Rock, AR 72204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)	
2.1075	Priority creditor's name and mailing address Megan Segel 4702 NE 157th Ct Vancouver, WA 98682	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1076	Priority creditor's name and mailing address Melanie Phillips 11045 woodview dr Conroe, TX 77303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1077	Priority creditor's name and mailing address Melanie Whitlock 501 South 4th ST Apt G8 Edwardsville, KS 66113	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1078	Priority creditor's name and mailing address Melinda Hine 18105 Chesapeake Circe Walled Lake, MI 48390	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
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2.1079	Priority creditor's name and mailing address Melinda Lozano 1316 Gould St Forth Worth, TX 76164	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; padding: 2px 10px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; padding: 2px 10px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1080	Priority creditor's name and mailing address Melinda Myers 4986 Lakeside CT Cloverdale, IN 46120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; padding: 2px 10px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; padding: 2px 10px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1081	Priority creditor's name and mailing address Melisa Murphy 1203 Kane St P O Box 154655 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; padding: 2px 10px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; padding: 2px 10px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1082	Priority creditor's name and mailing address Melissa Aragon 11109 King Rail Rd SW Albuquerque, NM 87121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; padding: 2px 10px;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; padding: 2px 10px;">Unknown</div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.1083	Priority creditor's name and mailing address Melissa Cockerham 4905 Murray Road Winston Salem, NC 27106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1084	Priority creditor's name and mailing address Melissa Edge 200 Lena Lane Apt 3122 Dallas, GA 30132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1085	Priority creditor's name and mailing address Melissa Fransen 811 7th St W Hastings, MN 55033	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1086	Priority creditor's name and mailing address Melissa Harvey 6530 Orchid Lumberton, TX 77657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.1087	Priority creditor's name and mailing address Melissa Martinez 1305 Tamarisk Dr. Mexia, TX 76667	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1088	Priority creditor's name and mailing address Melissa Patrick 1905 Mitchell Ave Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1089	Priority creditor's name and mailing address Melissa Rosiak 217 2nd ave ne st cloud, MN 56304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1090	Priority creditor's name and mailing address Melissa Tillman 131 Hines Road Reidsville, NC 27320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.1091	Priority creditor's name and mailing address Melissa Williams 2843 Metropolitan Ave Dallas, TX 75215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1092	Priority creditor's name and mailing address Melonie Alvarez 825 S. Jackson St McGregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1093	Priority creditor's name and mailing address Michael French 8630 Mary Court Waxahachie, TX 75167	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1094	Priority creditor's name and mailing address Michael Jones 5029 white cedar rd Ladson, SC 29456	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc. Name	Case number (if known)		
2.1095	Priority creditor's name and mailing address Michael Mccullough 412 red river tr Apt. 1037 Irving, TX 75063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1096	Priority creditor's name and mailing address Michael Montag 243 Marsh Landing South Freeport, FL 32439	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1097	Priority creditor's name and mailing address Michael Pedevilla 2802 Live Oak Dr Grapevine, TX 76051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1098	Priority creditor's name and mailing address MICHAEL PICKERT MD 24 North Hillside Avenue Livingston, NJ 07039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.1099 Priority creditor's name and mailing address Michael Ross 729 HESSTON CIRCLE Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1100 Priority creditor's name and mailing address Michael Stephenson 7009 Oakfield Corner Ct North Richland Hills, TX 76182	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1101 Priority creditor's name and mailing address MICHAEL TAN 11419 Monterrey Dr Silver Spring, MD 20902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1102 Priority creditor's name and mailing address Michael Whipkey 611 6th St Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1103	Priority creditor's name and mailing address Michaela Tibbatts 2415 S. University Parks Dr. 5202 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1104	Priority creditor's name and mailing address Michele McGarry 428 Long Pond Rd Plymouth, MA 02360	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1105	Priority creditor's name and mailing address MICHELLE BEARD 227 N. Woodson Raymore, MO 64083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1106	Priority creditor's name and mailing address Michelle Campbell 621 Rilla Garland, TX 75041	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
2.1107	Priority creditor's name and mailing address Michelle Granville 140 Muscadine Ct S Fairburn, GA 30213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1108	Priority creditor's name and mailing address Michelle Hutton 492 Doshier Lane Woodway, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1109	Priority creditor's name and mailing address Michelle Jackson 10309 Lake Bend Trail Hurst, TX 76053	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1110	Priority creditor's name and mailing address Michelle Jim 4520 Holland Ave Apt 203 Dallas, TX 75219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.1111	Priority creditor's name and mailing address Michelle Meier 11152 10th St Nickerson, NE 68044	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1112	Priority creditor's name and mailing address Michelle Moore 2629 S Grand Peninsula Dr 319 Grand Prairie, TX 75054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1113	Priority creditor's name and mailing address Michelle Murphy 4447 Battlecreek Ct. E Jacksonville, FL 32258	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1114	Priority creditor's name and mailing address Michelle Plath 33 VERA STREET Piscataway, NJ 08854	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.1115 Priority creditor's name and mailing address Michelle Samai 4260 NW 25th Street Lauderhill, FL 33313	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1116 Priority creditor's name and mailing address MICHIGAN DEPT OF TREASURY 430 W ALLEGAN LANSING, MI 48922	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim: Taxes		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1117 Priority creditor's name and mailing address Mickey Snider 709 Rochelle Dr. Apt. #1120 Irving, TX 75062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1118 Priority creditor's name and mailing address Mikal Mayes 2900 Primrose Dr. 2958C Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.1119	Priority creditor's name and mailing address Minaksie Patel 722 Rowland Rd Stone Mountain, GA 30083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1120	Priority creditor's name and mailing address MINNESOTA DEPT OF REVENUE 600 N ROBERT ST. M/S 4130 ST PAUL, MN 55101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1121	Priority creditor's name and mailing address Minnie Cook 1221 White Creek Dr Glenn Heights, TX 75154	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1122	Priority creditor's name and mailing address Miranda Mansfield 6025 Westhaven Dr Indianapolis, IN 46254	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1123	Priority creditor's name and mailing address Miranda Nichols 6801 Tennyson Dr apt 236 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1124	Priority creditor's name and mailing address Miranda Rivera 3422 Parrott Avenue Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1125	Priority creditor's name and mailing address Miriam Roedts 519 Stevenson Street Sayre, PA 18840	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1126	Priority creditor's name and mailing address MISSOURI DEPT OF REVENUE HARRY S TRUMAN STATE OFFICE BLDG 301 W HIGH ST JEFFERSON CITY, MO 65101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
2.1127	Priority creditor's name and mailing address Misti Mccombs 536 Audrey Ave Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1128	Priority creditor's name and mailing address Mitchell Muncy 3109 Oxford Ct Plano, TX 75075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1129	Priority creditor's name and mailing address Mitchell Winfree 2306 Haniman Park Drive Cary, NC 27513	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1130	Priority creditor's name and mailing address Monefa Hinds 6286 Merrifield Dr Zephyrhills, FL 33541	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.1131	Priority creditor's name and mailing address Moneisha Jones 288 Hemphill School Road NW Atlanta, GA 30331	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1132	Priority creditor's name and mailing address Monica Busch 3821 Trice Ave. Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1133	Priority creditor's name and mailing address Monica Henry 450 CR 3565 China Spring, TX 76633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1134	Priority creditor's name and mailing address Monica Kelly 8457 Michigan Rd Lawrenceville, IL 62439	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1135	Priority creditor's name and mailing address Monica Martinez 262 Rabbit Run Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1136	Priority creditor's name and mailing address Monica Mathis 3420 e 70th st Kansas City, MO 64132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1137	Priority creditor's name and mailing address Monica Ruiz 201 N Beacon St Apt 322 San Pedro, CA 90731	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1138	Priority creditor's name and mailing address Monica Tavarez 246 Sprucewood San Antonio, TX 78216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.1139	Priority creditor's name and mailing address MONTANA DEPT OF REVENUE SAM W MITCHELL BLDG PO BOX 5805 HELENA, MT 59604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1140	Priority creditor's name and mailing address Myranda Marshall 704 Aspen Incline Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1141	Priority creditor's name and mailing address Nada Diab 1225 Dahlia Ln Frederick, MD 21703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1142	Priority creditor's name and mailing address Nakisha Anderson 7222 Bretshire Houston, TX 77016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.1143	Priority creditor's name and mailing address Nancy Carter 2531 49th Ave Unit 3 Greeley, CO 80634	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1144	Priority creditor's name and mailing address Nancy Glenn 1341 Elwood rd Hammonton, NJ 08037	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1145	Priority creditor's name and mailing address Nancy Ritter 564 Broad St. Emmaus, PA 18049	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1146	Priority creditor's name and mailing address Nancy Rivera 1 graybark ct Greensboro, NC 27407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1147	Priority creditor's name and mailing address Nancy Roch 2314 Melissa Drive Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1148	Priority creditor's name and mailing address Nancy Scarnecchia 216 Murphy Circle Bushkill, PA 18324	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1149	Priority creditor's name and mailing address Nanyamka Thompson 922 Nassau 3 Cincinnati, OH 45206	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1150	Priority creditor's name and mailing address Naomi Garner 8136 Harold Ct apt 1C Glen Burnie, MD 21061	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1151	Priority creditor's name and mailing address Naomi Wilkerson 225 Londonderry apartment 122 waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1152	Priority creditor's name and mailing address Natalie Cross 4300 Meyers Lane Apt 1301 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1153	Priority creditor's name and mailing address Natalie Wallace 768 E 214 ST Bronx, NY 10467	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1154	Priority creditor's name and mailing address Natalya Britton 2493 Lancaster Drive #34 San Pablo, CA 94806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
2.1155	Priority creditor's name and mailing address Natasha Jones 5121 Mark Trail Way #23A Dallas, TX 75232	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1156	Priority creditor's name and mailing address Natasia Banks 236 Topaz Cir Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1157	Priority creditor's name and mailing address Nathaniel Myers 9757 E. Winchcomb Drive Scottsdale, AZ 85260	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1158	Priority creditor's name and mailing address NEBRASKA DEPT OF REVENUE NEBRASKA STATE OFFICE BUILDING 301 CENTENNIAL MALL SOUTH PO BOX 94818 LINCOLN, NE 68508	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.1159	Priority creditor's name and mailing address NEBRASKA DEPT OF REVENUE CRAFT STATE OFFICE BLDG 200 SOUTH SILBER ST NORTH PLATTE, NE 69101-4200	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.1160	Priority creditor's name and mailing address NEBRASKA DEPT OF REVENUE 304 NORTH 5TH STREET, STE D NORFOLK, NE 68701-4091	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.1161	Priority creditor's name and mailing address NEBRASKA DEPT OF REVENUE NEBRASKA STATE OFFICE BUILDING 1313 FARNAM STREET OMAHA, NE 68102-1871	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.1162	Priority creditor's name and mailing address Nekila Strong 2678 St. Johns Bluff Rd South Apt 515 Jacksonville, FL 32246	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.1163	Priority creditor's name and mailing address Nelan Southern 1708 W Edmaire St. Chicago, IL 60643-4360	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1164	Priority creditor's name and mailing address Nelda Adams 230 Busch Lane Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1165	Priority creditor's name and mailing address NEVADA DEPT OF TAXATION 1550 COLLEGE PARKWAY STE 115 CARSON CITY, NV 89706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1166	Priority creditor's name and mailing address NEVADA DEPT OF TAXATION 4600 KIETZKE LANE BLDG L STE 235 RENO, NV 89502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.1167	Priority creditor's name and mailing address NEVADA DEPT OF TAXATION GRANT SAWYER OFFICE BLDG 555 E WASHINGTON AVE STE 1300 LAS VEGAS, NV 89101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.1168	Priority creditor's name and mailing address NEVADA DEPT OF TAXATION 2550 PASEO VERDE STE 180 HENDERSON, NV 89074	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.1169	Priority creditor's name and mailing address NEW HAMPSHIRE DEPT OF REVENUE ADMIN 109 PLEASANT ST CONCORD, NH 03301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.1170	Priority creditor's name and mailing address NEW JERSEY DEPT OF THE TREASURY DIVISION OF TAXATION PO BOX 281 TRENTON, NJ 08625	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

	Debtor Examination Management Services, Inc. Name	Case number (if known)		
2.1171	Priority creditor's name and mailing address NEW JERSEY DEPT OF THE TREASURY DIVISION OF TAXATION PO BOX 281 TRENTON, NJ 08695-0281	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.1172	Priority creditor's name and mailing address NEW MEXICO TAXATION AND REVENUE 1100 SOUTH ST FRANCIS DRIVE PO BOX 630 SANTA FE, NM 87504-0630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.1173	Priority creditor's name and mailing address NEW YORK DEPT. OF FINANCE W.A. HARRIMAN CAMPUS, B8 RM 700 ALBANY, NY 12227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.1174	Priority creditor's name and mailing address NEW YORK DEPT. OF FINANCE W.A. HARRIMAN CAMPUS, B8 BLDG 9 RM 449 ALBANY, NY 12227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.1175	Priority creditor's name and mailing address NEW YORK DEPT. OF FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205-0300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1176	Priority creditor's name and mailing address Nichelle Nichols 2404 Vernon Street Kansas City, MO 64116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1177	Priority creditor's name and mailing address Nichole Bostic 2933 fields dr lithonia ga 30038 Lithonia, GA 30058	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1178	Priority creditor's name and mailing address Nicole Brashears 9700 High Noon Rd Yukon, OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.1179	Priority creditor's name and mailing address Nicole Chatham 2023 Catamaran Dr League City, TX 77573	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1180	Priority creditor's name and mailing address Nicole Deguzman 989 Parkridge Jacksonville, FL 32211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1181	Priority creditor's name and mailing address Nicole Rivett 11339 Northridge Dr Gretna, NE 68028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1182	Priority creditor's name and mailing address Nicole Sims 1800 Primrose Dr 109B waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1183	Priority creditor's name and mailing address Nina Spooner 281 GARTH RD # B6K SCARSDALE, NY 10583-4052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1184	Priority creditor's name and mailing address Noah Vigil 915 N 28th St Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1185	Priority creditor's name and mailing address Nolan McBride 1604 Morgan Ln #A Austin, TX 78704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1186	Priority creditor's name and mailing address Nolatta Leblanc 600 S. MacArthur Blvd. 1412 Coppell, TX 75019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1187	Priority creditor's name and mailing address Nolvia Hernandez 1506 Clay ave waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1188	Priority creditor's name and mailing address Norma Denton 29 ANTLER BLVD MCCLOUD, OK 74851	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1189	Priority creditor's name and mailing address Norma Martinez 2106 Cartwright St Irving, TX 75062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1190	Priority creditor's name and mailing address Norma Rodriguez 2445 Wentworth St. Dallas, TX 75211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.1191	Priority creditor's name and mailing address Norman Hill 1102 iris glen dr conyers, GA 30013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1192	Priority creditor's name and mailing address NORTH CAROLINA DEPT OF REVENUE 501 NORTH WILMINGTON ST RALEIGH, NC 27604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1193	Priority creditor's name and mailing address NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER 600 EAST BOULEVARD AVE DEPT 127 BISMARCK, ND 58505-0599	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1194	Priority creditor's name and mailing address Nyah Holder 6701 May Dr. Apt. #2313 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. Name	Case number (if known)		
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2.1195	Priority creditor's name and mailing address OHIO DEPT OF TAXATION 4485 NORTHLAND RIDGE BLVD COLUMBUS, OH 43229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
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2.1196	Priority creditor's name and mailing address OHIO DEPT OF TAXATION PO BOX 530 COLUMBUS, OH 43216-0530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
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2.1197	Priority creditor's name and mailing address OKLAHOMA TAX COMMISSION 2501 NORTH LINCOLN BLVD OKLAHOMA CITY, OK 73914	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
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2.1198	Priority creditor's name and mailing address OKLAHOMA TAX COMMISSION PO BOX 26930 OKLAHOMA CITY, OK 73126-0930	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.1199 Priority creditor's name and mailing address Otis Burnett 4325 1st Ave Unit#1312 Tucker, GA 30085	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1200 Priority creditor's name and mailing address Paige Lacy 201 keel st Joice, IA 50446	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1201 Priority creditor's name and mailing address Pamela Campbell 2632 8th Ave Council Blfs, IA 51501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1202 Priority creditor's name and mailing address Pamela Coleman 1547 Nottingham Dr. Lancaster, TX 75134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.1203	Priority creditor's name and mailing address Pamela Evans Washington 718 West 144th Street Riverdale, IL 60827	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1204	Priority creditor's name and mailing address Pamela Fisk 302 Romana Circle Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1205	Priority creditor's name and mailing address Pamela Lewis 9726 Underwood Ct Jacksonville, FL 32221	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1206	Priority creditor's name and mailing address Pamela Smith 243 Oak Hill Loop Whitney, TX 76692	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1207	Priority creditor's name and mailing address Pamela Waddell 6233 N. 66th St Omaha, NE 68104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1208	Priority creditor's name and mailing address Pamela Williams 2017 Ramada Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1209	Priority creditor's name and mailing address Paola Perdomo Calderon 138 N 11th St. Alletown, PA 18102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1210	Priority creditor's name and mailing address Pat Durkot 2409 30th Ave. Ne Saint Anthony, MN 55418	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.1211	Priority creditor's name and mailing address Patia Smith 802 Milam Dr Euleless, TX 76039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1212	Priority creditor's name and mailing address Patricia Bosse 1241 Prairie Bend New Braunfels, TX 78132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1213	Priority creditor's name and mailing address Patricia Clark 12420 Middlewood Dr. Baker, LA 70714	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1214	Priority creditor's name and mailing address Patricia Jenkins 1800 Preston On The Lake #569 Little Elm, TX 75068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1215	Priority creditor's name and mailing address Patricia Johnson 639 Poplar Romeoville, IL 60446	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1216	Priority creditor's name and mailing address Patricia Nugent Po Box 344 Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1217	Priority creditor's name and mailing address Patricia Pattillo 2095 Snow Mill Rd Monroe, GA 30655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1218	Priority creditor's name and mailing address Patricia Snell 625 Central Ave Malta, MT 59538	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1219	Priority creditor's name and mailing address Patrick Collins 2355 N Hwy 360 Apt 834 Grand Prairie, TX 75050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1220	Priority creditor's name and mailing address Patrick Gyeabour 565 west 189th street 5b NEW YORK, NY 10040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1221	Priority creditor's name and mailing address Patrick Stevens 828 Fort Gates Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1222	Priority creditor's name and mailing address Pattisue Malone 3243 East Galen Hall Road Reinholds, PA 17569	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1223	Priority creditor's name and mailing address Paul Browning Sr 5226 E Commerce Spokane, WA 99212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1224	Priority creditor's name and mailing address Paul Jones 2332 Brown Oaks Drive Arlington, TX 76011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1225	Priority creditor's name and mailing address Paul Kovach 343 Vanadium Rd Pittsburgh, PA 15243	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1226	Priority creditor's name and mailing address Paula Brookshire 8220 Lakeshore Dr. W Southaven, MS 38671	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1227	Priority creditor's name and mailing address Paula Kilbourn 4111 133rd Street SE A421 Mill Creek, WA 98012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1228	Priority creditor's name and mailing address Paula Sternes 300 B Chapel Trail Circle Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1229	Priority creditor's name and mailing address Paulette Jones 10569 Arendal Rd Jacksonville, FL 32218	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1230	Priority creditor's name and mailing address Peggy Charles 11301 Took's Way Columbia, MD 21044	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.1231	Priority creditor's name and mailing address Peggy Moreno 1128 Sotogrande Blvd Apt 163south Euleless, TX 76040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1232	Priority creditor's name and mailing address PENNSYLVANIA DEPT OF STATE 5TH FLOOR STRAWBERRY SQUARE HARRISBURG, PA 17128-0605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1233	Priority creditor's name and mailing address PENNSYLVANIA DEPT OF STATE PHILADELPHIA NORTHEAST DISTRICT 3240 RED LION RD PHILADELPHIA, PA 19114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1234	Priority creditor's name and mailing address PENNSYLVANIA DEPT OF STATE SCRANTON DISTRICT OFFICE SAMTERS BLDG, RM 201 101 PENN AVE SCRANTON, PA 18563-1970	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.1235	Priority creditor's name and mailing address PENNSYLVANIA DEPT OF STATE PITTSBURGH DISTRICT OFFICE STATE OFFICE BLDG, RM 104 300 LIBERTY AVE PITTSBURGH, PA 15222-1210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1236	Priority creditor's name and mailing address Perla Vaquera 1307 S. 26th St. Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1237	Priority creditor's name and mailing address Persephone Jones 102 Beachwood Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1238	Priority creditor's name and mailing address Peter Mourao 377 Harrison St Nutley, NJ 07110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1239	Priority creditor's name and mailing address Peterson Alcide 4430 oklahoma wy nw Kennesaw, GA 30152	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1240	Priority creditor's name and mailing address Phillip Evans 1806 Sun Point Ct Humble, TX 77396	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1241	Priority creditor's name and mailing address Phoebe Johnson Wildfeuer 706 Thornton Ct North Wales, PA 19454	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1242	Priority creditor's name and mailing address Phyllis Ewing 2201 Richter Ave Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.1243	Priority creditor's name and mailing address Phyllis Young 435 Little Ave 218 Mcgregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1244	Priority creditor's name and mailing address Porsha Roberson 302 Perry Street Marlin, TX 76661	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1245	Priority creditor's name and mailing address Praveen Peruri 3676 Vienna St Irving, TX 75038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1246	Priority creditor's name and mailing address Priscillia Lopez 131 N. Lakeview Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.1247	Priority creditor's name and mailing address Prochlyer Robinson 6130 Waterstone Oak Way 101 Memphis, TN 38115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1248	Priority creditor's name and mailing address Psalmist Wyllie 700 bowers Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1249	Priority creditor's name and mailing address Quantashia Jones 1004 Briar Dr Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1250	Priority creditor's name and mailing address Rachel Hargrove 8 Nelson pl Mastic, NY 11950	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1251	Priority creditor's name and mailing address Rachel Johnson 1813 6th Ave W Williston, ND 58801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1252	Priority creditor's name and mailing address Rachel Juric 4901 Green River Rd 38 Corona, CA 92880	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1253	Priority creditor's name and mailing address Raiven Hawthorne 3830 opal ave dallas, TX 75216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1254	Priority creditor's name and mailing address Ramiro Valdez P.O. Box 571 Rosebud, TX 76570	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.1255	Priority creditor's name and mailing address Ramiza Tokovic 95 Vinton street Manchester, NH 03103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1256	Priority creditor's name and mailing address Ramona Macias 2220 real dr waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1257	Priority creditor's name and mailing address Ramza Zubair 1634 77th st 3 brooklynNY 11214	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1258	Priority creditor's name and mailing address Randy Wicks 3808 Furneaux Lane Carrollton, TX 75007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1259	Priority creditor's name and mailing address Raquel Bellamy 14630 Grenadine Drive 5 Tampa, FL 33613	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1260	Priority creditor's name and mailing address Raquel Johnson 2005 Tall Oaks Dr 2B Aurora, IL 60505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1261	Priority creditor's name and mailing address Rashik Abdullahi 502 Easley St. Apt. T2 Silver Spring, MD 20910	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1262	Priority creditor's name and mailing address Raul Leon 2544 w norberry st lancaester, CA 93536	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1263	Priority creditor's name and mailing address Raven Joseph 5000 Sanger Ave 2214 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1264	Priority creditor's name and mailing address Raven Trewin 4006 Torrance St Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1265	Priority creditor's name and mailing address Raven Watts 3918 N 19th St Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1266	Priority creditor's name and mailing address Ravion Pride 346 Applewood Ln. Hewitt, TX 76664	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.1267	Priority creditor's name and mailing address Rayane Santos 525 Estate Dr Rush City, MN 55069	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1268	Priority creditor's name and mailing address Raymond Lerma Jr 5209 Amaro Way Salida, CA 95368	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1269	Priority creditor's name and mailing address Rebecca Braun 1515 eagle st Terre Haute, IN 47807-2834	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1270	Priority creditor's name and mailing address Rebecca Georgevitch 38470 N. Columbia Bay Rd. Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1271	Priority creditor's name and mailing address Rebecca Pell 405 Acadia Ln Forney, TX 75126	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1272	Priority creditor's name and mailing address Rebecca Rameriz 1405 S. Old Robinson Rd. Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1273	Priority creditor's name and mailing address Rebecca Ritter 9516 Riviera Dr Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1274	Priority creditor's name and mailing address Rebecca Uskert 6501 E 116th Place Crown Point, IN 46307	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1275	Priority creditor's name and mailing address Rebecca Vancil 615 E. Hickory Ln Indianapolis, IN 46227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1276	Priority creditor's name and mailing address Regan Tatro 1305 Ave E. Apt. C Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1277	Priority creditor's name and mailing address Regina Polando 433 stringtown rd Carmichaels, PA 15320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1278	Priority creditor's name and mailing address Reginald Arnold 5050 FM 423 #8314 Frisco, TX 75034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1279	Priority creditor's name and mailing address Regurian Bagley 2709 Forest Grove Dr Richardson, TX 75080	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1280	Priority creditor's name and mailing address Rema Behrens 29513 N Spotted RD Deer Park, WA 99006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1281	Priority creditor's name and mailing address Renee Steward 1048 West Ave Penllyn, PA 19422	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1282	Priority creditor's name and mailing address Reyna Elizondo 2300 Speight Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.1283	Priority creditor's name and mailing address RHODE ISLAND DIVISION OF TAXATION ONE CAPITOL HILL PROVIDENCE, RI 02908-5800	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1284	Priority creditor's name and mailing address Rhonda Bell 1919 Ygnacio Valley rd #56 Walnut Creek, CA 94598	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1285	Priority creditor's name and mailing address Rhonda Caldwell 10902 Ivy Park Houston, TX 77075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1286	Priority creditor's name and mailing address Rhonda Weiland 26425 145th Str. NW Zimmerman, MN 55398	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1287	Priority creditor's name and mailing address Richard Carey 12905 Texaco Rd Houston, TX 77013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1288	Priority creditor's name and mailing address Richard Dominguez 8563 Dorbandt Circle El Paso, TX 79907	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1289	Priority creditor's name and mailing address Richard Szmyt 7206 Hollowell Drive Tampa, FL 33634	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1290	Priority creditor's name and mailing address Rickyell Cuington 706 Mission Lane Lancaster, TX 75146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)	
2.1295	Priority creditor's name and mailing address Robert Campbell 4518 Mainfield ave. Baltimore, MD 21214	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1296	Priority creditor's name and mailing address Robert Cohen 210 Halah Circle Atlanta, GA 30328	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1297	Priority creditor's name and mailing address Robert Durham 18250 Marsh Ln # 1711 Dallas, TX 75287	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1298	Priority creditor's name and mailing address Robert Jones 22 Koster Blvd 2A Edison, NJ 08837	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc. Name	Case number (if known)
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2.1299	Priority creditor's name and mailing address Robert Littles 917 Briar Dr. Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1300	Priority creditor's name and mailing address Robert Madrid 31 N Terrace Rd Hoodspport, WA 98548	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1301	Priority creditor's name and mailing address Robert Roesing 5935 Vanderbilt Ave Dallas, TX 75206	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1302	Priority creditor's name and mailing address Robert Stewart 2211 Jamestown Ct Carrollton, TX 75006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	
2.1303	Priority creditor's name and mailing address Robert Thomas 222 Shadow Hill Cir. Pittsburg, CA 94565	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1304	Priority creditor's name and mailing address Robert Walsh 5411 Keystone Drive South Jacksonville, FL 32207-5147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1305	Priority creditor's name and mailing address Robert Workman 15589 Mission St Hesperia, CA 92345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1306	Priority creditor's name and mailing address Roberta Scott 120 Heritage Garden Dr A Corneila, GA 30531	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)		
2.1307	Priority creditor's name and mailing address Robin Addison 2022 Putnam Rd Baltimore, MD 21227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1308	Priority creditor's name and mailing address Robin Donahoo 4918 S 157th St Omaha, NE 68135	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1309	Priority creditor's name and mailing address Robin Lawson 214 Mills St. Freeport, PA 16229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1310	Priority creditor's name and mailing address Robin Williams 2023 Jacksonville Rd Site 47 Bellefonte, PA 16823	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.1311	Priority creditor's name and mailing address Robin Wisniewski 2217 N 189th St Elkhorn, NE 68022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1312	Priority creditor's name and mailing address Robyn Campbell 300 River Place West Gatesville, TX 76528	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1313	Priority creditor's name and mailing address Roderick Evans 625 Spanish Oak Court Arlington, TX 76002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1314	Priority creditor's name and mailing address Rodney Carroll 1600 Lakeshore Dr 1611 Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1315	Priority creditor's name and mailing address Rodney Hawkins 2413 Redfield Dr. Mesquite, TX 75181	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1316	Priority creditor's name and mailing address Roland Schultz 1888 Blackhawk Oceanside, CA 92056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1317	Priority creditor's name and mailing address Rosa Anderson 2347 Rosehaven Drive Memphis, TN 38127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1318	Priority creditor's name and mailing address Rosa Segura 2206 lockwood drive Carrollton, TX 75007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1319	Priority creditor's name and mailing address Rosalen Ishou 555 E WASHINGTON AVE El Cajon, CA 92020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1320	Priority creditor's name and mailing address Rosalinda Leon 2544 W Norberry St LANCASTER, CA 93536	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1321	Priority creditor's name and mailing address Roshanda Knight 1542 N 18th st Omaha, NE 68110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1322	Priority creditor's name and mailing address Rosie Gourdine 2046 Kings Road Eagan, MN 55122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>		Case number (if known)		
2.1323	Priority creditor's name and mailing address Roxanna Katsock 6 Chestnutwood Drive Lafin, PA 18702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1324	Priority creditor's name and mailing address Roxanne Joiner 6143 Faulkner Drive Jacksonville, FL 32244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1325	Priority creditor's name and mailing address Roxi Johnson 8366 Old Marlin Rd Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1326	Priority creditor's name and mailing address Ruby Pena 5622 Evers Rd #5301 San Antonio, TX 78238	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.1327	Priority creditor's name and mailing address Ruth Coakley 32 Garnet Street Worcester, MA 01607	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1328	Priority creditor's name and mailing address Ruth Govan 7950 Crossroads Dr. Apt. 113 North Charleston, SC 29406	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1329	Priority creditor's name and mailing address Ryan Morency 4208 MacArthur Drive Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1330	Priority creditor's name and mailing address Rykiel Reeser 1530 Jade St. Kellogg, IA 50135	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1331	Priority creditor's name and mailing address Sabrina Alexander 3064 mount blanc dr marrero, LA 70072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1332	Priority creditor's name and mailing address Sabrina Clarno 703 La Vega St Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1333	Priority creditor's name and mailing address Sabrina Singleton Times 887 Old Farm Walk Marietta, GA 30066	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1334	Priority creditor's name and mailing address Sadeka Scott 5327 TIMUQUANA RD APT T92 JACKSONVILLE, FL 32210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.1335	Priority creditor's name and mailing address SAEED FARAHMANPOUR 103 Gilmar Lane Roslyn Heights, NY 11577	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1336	Priority creditor's name and mailing address Sally Levocz 4306 ARENDELL AVE PHILADELPHIA, PA 19114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1337	Priority creditor's name and mailing address Sally Patena 321 Bluebonnet Cir McGregor, TX 76657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1338	Priority creditor's name and mailing address Sam Ochoa 3425 James Ave Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1339	Priority creditor's name and mailing address Samantha Behne 1105 Garnea Drive Cincinnati, OH 45231	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1340	Priority creditor's name and mailing address Samantha Crockett 21889 NW 70TH AVE STARKE, FL 32091	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1341	Priority creditor's name and mailing address Samantha Galloway 1214 East 34th St Brooklyn, NY 11210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1342	Priority creditor's name and mailing address Samantha Mena 6601 Malachite Ct. El Paso, TX 79924	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1343	Priority creditor's name and mailing address Samantha Severns 212 WAGNER DR Creve Coeur, IL 61610	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1344	Priority creditor's name and mailing address Samone Jennings 3312 N. 26th St. Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1345	Priority creditor's name and mailing address Samone Taylor 5928 Timbercresr Arlington, TX 76549	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1346	Priority creditor's name and mailing address Sandra Hamrick 3115 Beale Street Apt. A Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1347	Priority creditor's name and mailing address Sandra Kelly 85266 Faye Rd Yulee, FL 32097	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1348	Priority creditor's name and mailing address Sandra Wagner 2111 E 91st Street Indianapolis, IN 46240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1349	Priority creditor's name and mailing address Sandy Hall 109 E. Lyndale Ave Helena, MT 59601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1350	Priority creditor's name and mailing address Sara Byrne 8206 N. 28th Street Omaha, NE 68112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)	
2.1351	Priority creditor's name and mailing address Sara Dodge 32 N. Buchanan Avenue Eagle Point, OR 97524	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1352	Priority creditor's name and mailing address Sara Figueroa 6226 N Palethorp Street philadelphia, PA 19120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1353	Priority creditor's name and mailing address Sara Slider 709 N Old Robinson Rd Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1354	Priority creditor's name and mailing address Sara Travers 1341 N Gray Ave Panama City, FL 32401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1355	Priority creditor's name and mailing address Sarah Allen 4718 mendosa lane Dallas, TX 75227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1356	Priority creditor's name and mailing address Sarah Bueno 1203 Kane St Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1357	Priority creditor's name and mailing address Sarah Cowan 3912 Marseille Rd Indianapolis, IN 46226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1358	Priority creditor's name and mailing address Sarah Krulik 1401-7 N. Ocean Avenue Seaside Park, NJ 08752	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.1359	Priority creditor's name and mailing address Sarah Mendoza 611 Hogan Ln. B Bellmead, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1360	Priority creditor's name and mailing address Sarah Riedel 1213 Hillandale Reserve Dr Tampa, FL 33613	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1361	Priority creditor's name and mailing address Sarah Trimble 219 Avenue E Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1362	Priority creditor's name and mailing address Sarah Walsh 15 Cottage Street Northfield, NH 03276	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.1363	Priority creditor's name and mailing address Saundra Spillman 609 W. Eighth Lancaster, TX 75146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1364	Priority creditor's name and mailing address Scott Myers 12924 Chittamwood Trl Euless, TX 76040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1365	Priority creditor's name and mailing address Scott Sanborn 3604 Fairway Forest Dr. Palm Harbor, FL 34685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1366	Priority creditor's name and mailing address Scott Wilder 3045 KAYMOORE DRIVE Winston-Salem, NC 27127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.1367	Priority creditor's name and mailing address Sean Wing 12660 KENWOOD LN Apt C FORT MYERS, FL 33907-5635	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1368	Priority creditor's name and mailing address Selina Michalak 302 Wolverine Dr Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1369	Priority creditor's name and mailing address Sh'Dae Shields 1513 Birds Eye Rd Fort Worth, TX 76177	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1370	Priority creditor's name and mailing address Shakayla Vaughn 1619 North 6th St. Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.1371	Priority creditor's name and mailing address Shakeeria Majors 2304 Los Arboles Ln Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1372	Priority creditor's name and mailing address Shakirra Coleman 1908 Windsor Ave Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1373	Priority creditor's name and mailing address Shamaur Mcdaniel 3924 Fort Ave Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1374	Priority creditor's name and mailing address Shameka Brown 2019 Silver Creek dr. AUSTELL, GA 30168	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc.	Case number (if known)		
2.1375	Priority creditor's name and mailing address Shan'Teikya Degrate 2504 S. 15th St Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1376	Priority creditor's name and mailing address Shana Scott 1817 King Cole Dr Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1377	Priority creditor's name and mailing address Shandraea Jefferson 922 King St Station Parkway 33004 Lewisville, TX 75057	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1378	Priority creditor's name and mailing address Shandrea Collins 7443 Bamberg Rd Jacksonville, FL 32277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.1379	Priority creditor's name and mailing address Shaneqwa Gipson 242 Tutt Rd Cornelia, GA 30531	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1380	Priority creditor's name and mailing address Shanique Collins 1000 Crestwood ct Desoto, TX 75115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1381	Priority creditor's name and mailing address Shanique Smith 3229 Edmond Ave Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1382	Priority creditor's name and mailing address Shanitha Smith 5906 Rock Meadow Trl. Arlington, TX 76017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.1383 Priority creditor's name and mailing address ShaNiya Johnson 1508 fm 1240 riesel tx 76682 Riesel, TX 76682	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1384 Priority creditor's name and mailing address Shanna Hogan 8140 N Hickery St 11-032 Kansas City, MO 64118	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1385 Priority creditor's name and mailing address Shannon Hoeffler 13218 Waterford Castle Dr Dade City, FL 33525	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1386 Priority creditor's name and mailing address Shannon Knox 102 Centennial 1612 Gatesville, TX 76528	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1387	Priority creditor's name and mailing address Shannon Owen 9102 Regal Drive Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1388	Priority creditor's name and mailing address Shannon Walden 34 Missoula Ave Butte, MT 59701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1389	Priority creditor's name and mailing address Shantisia McCreary 2509 E. Lake Shore Dr. Apt. 1606 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.1390	Priority creditor's name and mailing address Sharanda Dunn 1181 Twin Rivers Rd Greensboro, GA 30642	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1391	Priority creditor's name and mailing address Shardai Branch 1630 s 57th st Philadelphia, PA 19143	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1392	Priority creditor's name and mailing address Shari Unruh 3524 W Chitwood St Wichita, KS 67217	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1393	Priority creditor's name and mailing address Sharlene Grenville 3618 Summit Pines Decatur, GA 30034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1394	Priority creditor's name and mailing address Sharon Dunbar 937 Wynnewood Rd Philadelphia, PA 19151	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.1395	Priority creditor's name and mailing address Sharon Thomas 7645 Ryanridge Dr Dallas, TX 75232	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1396	Priority creditor's name and mailing address Sharon Unruh 12121 144th Lane Largo, FL 33774	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1397	Priority creditor's name and mailing address Shasta Lemons 1712 Spinnaker Drive Denton, TX 76210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1398	Priority creditor's name and mailing address Shavonne McClendon 4801 Sanger Ave 57 Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)	
2.1399	Priority creditor's name and mailing address Shawndylyn Miller 910 Kelton Road San Diego, CA 92114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1400	Priority creditor's name and mailing address Shaylen Childress 2509 East Lake Shore Dr. 1105 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1401	Priority creditor's name and mailing address Sheila Ryals 504 Cynthia Leigh Lane Saint Marys, GA 31558	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1402	Priority creditor's name and mailing address Sheila Woodson 4142 Lake Shore Drive Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1403	Priority creditor's name and mailing address Shelia Jackson 1131 meadow run drive duncanville, TX 75137	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1404	Priority creditor's name and mailing address Shelley Nash 703 County Road 150 Riesel, TX 76682	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1405	Priority creditor's name and mailing address Shelley Sallach 2004 250th Street Red Oak, IA 51566	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1406	Priority creditor's name and mailing address Shelley Simmons 10018 Date Meadow Lane Tomball, TX 77375	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.1407	Priority creditor's name and mailing address Shemell Smith 704 N 33rd St Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1408	Priority creditor's name and mailing address Shenae Hill 4500 Cypresswood Dr #722 Spring, TX 77379	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1409	Priority creditor's name and mailing address Sherece Scott 118 Deana Rd Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1410	Priority creditor's name and mailing address Sherhon Johnson 3512 Louise lane Balch Springs, TX 75180	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1411	Priority creditor's name and mailing address Sheri Reed 314 W. Rochelle, Apt. 208 Irving, TX 75062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1412	Priority creditor's name and mailing address Sheriel Thomas 4300 Meyers Ln #914 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1413	Priority creditor's name and mailing address Sheronda Cooper 4901 Sunbeam Rd. 226 Jacksonville, FL 32257	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1414	Priority creditor's name and mailing address Sherri Gardner 1537 Western Oaks Woodway, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1415	Priority creditor's name and mailing address Sherri Sims 3905 Block Dr. APT. # 2175 Irving, TX 75038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1416	Priority creditor's name and mailing address Sherri Wollard 218 Red Oak Circle China Spring, TX 76633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1417	Priority creditor's name and mailing address Sherry Burrows 1258 mock road High point, NC 27265	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1418	Priority creditor's name and mailing address Sherry Sullivan 1107 S.R. St Indianola, IA 50125	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.1419	Priority creditor's name and mailing address Sherryann Thompson 450 Beaver sr box 1093 North Wales, PA 19454	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1420	Priority creditor's name and mailing address Shiffon Gross 5 Dewitt Ave asbury park, NJ 07712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1421	Priority creditor's name and mailing address Shonatara Jones 328 Maple Plaza St. Mexia, TX 76667	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1422	Priority creditor's name and mailing address Sierra Phoenix 1816 West 25th St. Jacksonville, FL 32209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1423	Priority creditor's name and mailing address Silviann Broussard 299 #G404 Murrieta, CA 92563	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1424	Priority creditor's name and mailing address Skyler Flippo 102 Goodwin Ln Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1425	Priority creditor's name and mailing address Skyler Whisnant 1800 S 8th St APT 126 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1426	Priority creditor's name and mailing address Sommir Alston 1471 E Cheltenham Ave BSMT Philadelphia, PA 19124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1427	Priority creditor's name and mailing address Sonia Baez Rivera 2707 Grim Ave Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1428	Priority creditor's name and mailing address Sonia Munoz 12500 Merit Dr # 3104 Dallas, TX 75251	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1429	Priority creditor's name and mailing address Sonja King 6605 Falcon River Way Apt 813 Arlington, TX 76001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.1430	Priority creditor's name and mailing address Sonya Jean 1306 Chapel Downs Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Examination Management Services, Inc.	Case number (if known)		
2.1431	Priority creditor's name and mailing address Sonya Mendoza 519 Kim Lane Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1432	Priority creditor's name and mailing address Sonya Smith 214 north gresham street marlin, TX 76661	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1433	Priority creditor's name and mailing address Soraya Patrick 3313 Chapel Wood Ct Fort Worth, TX 76116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1434	Priority creditor's name and mailing address SOUTH CAROLINA DEPT OF REVENUE 301 GERVAIS STREET PO BOX 125 COLUMBIA, SC 29214	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.1435	Priority creditor's name and mailing address SOUTH DAKOTA DEPT OF REVENUE 445 EAST CAPITOL AVE PIERRE, SD 57501-3185	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1436	Priority creditor's name and mailing address Srilakshmi Bandaru 633 Lake City Dr Lewisville, TX 75056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1437	Priority creditor's name and mailing address Stacie Haulbrook 5745 Crest Oak Way Cumming GA 30028 Cumming, GA 30028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1438	Priority creditor's name and mailing address Stacy Glick 2501 Lynne Lane Millersville, PA 17551	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1439	Priority creditor's name and mailing address STACY WALTON JR 11127 Linden Gate Houston, TX 77075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1440	Priority creditor's name and mailing address Starla Sebben 785 S. Market St. Knoxville, IL 61448	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1441	Priority creditor's name and mailing address Stefani Oakes 2060 Brandy Dr Forest Hill, MD 21050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1442	Priority creditor's name and mailing address Stephanie Beck 1207 Lumadue St Clearfield, PA 16830	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1443	Priority creditor's name and mailing address Stephanie Cox 1908 Fairmont PKWY Erie, PA 16510	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1444	Priority creditor's name and mailing address Stephanie Fox 8110 Rouen Ct Stockton, CA 95210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1445	Priority creditor's name and mailing address Stephanie Hernandez 1516 Gurley Lane Apt.#2208 Waco, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1446	Priority creditor's name and mailing address Stephanie Kelley 2 Terri Dr Carlisle, PA 17015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Examination Management Services, Inc.			
2.1447	Priority creditor's name and mailing address Stephanie Randolph 4332 Peregrine Way Carrollton, TX 75010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1448	Priority creditor's name and mailing address Stephanie Rogers 3941 Charleston Hwy Lot 171 West Columbia, SC 29172	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1449	Priority creditor's name and mailing address Stephanie Scott 247 E Ave J8 Lancaster, CA 93535	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1450	Priority creditor's name and mailing address Stephanie Tamayo 605 BROOKLYN AVE NORTH BALDWIN, NY 11510	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1451	Priority creditor's name and mailing address Stephanie Washington 645 E. Regent Street 3 Inglewood, CA 90301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1452	Priority creditor's name and mailing address Stephen Bourassa 2025 Avenue B Apt 1 Schenectady, NY 12308	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1453	Priority creditor's name and mailing address Stephen Krajcir 7046 Langham Court Indianapolis, IN 46259	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1454	Priority creditor's name and mailing address Stephen Sunthimer 2109 Oakridge Dr Little Elm, TX 75068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.1455	Priority creditor's name and mailing address Stephenie Pettie 3108 Katy Ln Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1456	Priority creditor's name and mailing address Steven Carter 757 prairieview rd. Knoxville, IL 61448	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1457	Priority creditor's name and mailing address Sue London 1131 VZCR 2317 CANTON, TX 75103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1458	Priority creditor's name and mailing address Summer Dutoit 6388 HWY 562 Wisner, LA 71378	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.1459	Priority creditor's name and mailing address Sung Kim 14232 Dallas Pkwy Apt 1606 Dallas, TX 75254	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1460	Priority creditor's name and mailing address Susan Degner Jarcy 845 Chaparral Dr. Grand Prairie, TX 75052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1461	Priority creditor's name and mailing address Susan Farmer P.O. Box 654 Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1462	Priority creditor's name and mailing address Susan Guilbault 306 N. 40th Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1463	Priority creditor's name and mailing address Susan Lewis 209 3Rd St. Gurley, AL 35748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1464	Priority creditor's name and mailing address Susan Phaneuf 5 Brikham Way Burlington, CT 06013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1465	Priority creditor's name and mailing address Susan Sills 249 Sales Ave Chatsworth, GA 30705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1466	Priority creditor's name and mailing address Susan Stern 1953 Flowering Tree Terrace Silver Spring, MD 20902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1467	Priority creditor's name and mailing address Syed Ahmed 218 Kissimmee Dr. Arlington, TX 76002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1468	Priority creditor's name and mailing address Sylvia Roland 107 Creekside Drive Dalton, GA 30720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1469	Priority creditor's name and mailing address Tacoya Armstrong 1011 N 20th St Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1470	Priority creditor's name and mailing address Tad Aschenbrenner 8515 Daimler Way Sacramento, CA 95828	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1471	Priority creditor's name and mailing address Tamekia Exum 6524 Alford Dr Apt B Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1472	Priority creditor's name and mailing address Tamela Grass 11441 Turning Leaf Trail Fort Worth, TX 76244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1473	Priority creditor's name and mailing address Tamer Aziz 2128 mather way B Elkins park, PA 19027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1474	Priority creditor's name and mailing address Tamesheka Jefferson 2627 Sanger Ave A Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1475	Priority creditor's name and mailing address Tammie Iwara 21 Montpelier Boulevard New Castle, DE 19720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1476	Priority creditor's name and mailing address Tammie Madaris 7315 S. Sherrill Street Tampa, FL 33616	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1477	Priority creditor's name and mailing address Tammie Thompson 810 Del Lenora Dr APT 34 Duncanville, TX 75116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1478	Priority creditor's name and mailing address Tammy Johnson 8370 NW 24TH COURT SUNRISE, FL 33322	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.1479	Priority creditor's name and mailing address Tammy Kauffman 2751 East Mullett Lake Road Indian River, MI 49749	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1480	Priority creditor's name and mailing address Tammy Madden 5181 Weatherford Drive Birmingham, AL 35242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1481	Priority creditor's name and mailing address Tammy Newton 1410 E. Limestone Ave Mart, TX 76664	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1482	Priority creditor's name and mailing address Tammy Witt 2204 Proctor Ave Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1483	Priority creditor's name and mailing address Tanecia Medlock 411 N Douglas St Mart, TX 76664	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1484	Priority creditor's name and mailing address Taneka West 281 Cherokee Pond Trl Lexington, SC 29072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1485	Priority creditor's name and mailing address Tania Esparza 40510 Otis Allen Rd. Zephyrhills, FL 33540	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1486	Priority creditor's name and mailing address Tanisha Robertson 1108 El Camino Real #132 Euless, TX 76040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1487	Priority creditor's name and mailing address Tara Deleon 11005 Woodway Dr Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1488	Priority creditor's name and mailing address Taryta Fields 1409 26th Ave Seattle, WA 98122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1489	Priority creditor's name and mailing address Tatum Fitz 13815 Maugansville Rd PO Box 248 Maugansville, MD 21767	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1490	Priority creditor's name and mailing address Tawina Magee 3824 Longmeadow Way Fort Worth, TX 76117	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.1491	Priority creditor's name and mailing address Taylor Huff 219 Jennifer Dr Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1492	Priority creditor's name and mailing address Taylor McPherson 112 Cotton Ln Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1493	Priority creditor's name and mailing address Taylor Reese 385 Quail Hollow Lane Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1494	Priority creditor's name and mailing address Te'Aira Bouye 2425 Aleaxander Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)		
2.1495	Priority creditor's name and mailing address Te'Amber Degrate 800 Melrose Drive Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1496	Priority creditor's name and mailing address TENNESSEE DEPT OF REVENUE 500 DEADERICK ST ANDREW JACKSON BLDG NASHVILLE, TN 37242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1497	Priority creditor's name and mailing address Teresa Jimenez 1605 Elm St. El Paso, TX 79930	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1498	Priority creditor's name and mailing address Terry Dodd 200 Brenda St Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.1499	Priority creditor's name and mailing address Terry Fowler 1721 Belt Line Rd. #1215 Coppell, TX 750 Coppell, TX 75019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1500	Priority creditor's name and mailing address Terry Isham 2340 Kendrick Lane Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1501	Priority creditor's name and mailing address Theresa Kaper 377 Avon Rd. apt. D112 Devon, PA 19333	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1502	Priority creditor's name and mailing address Theresa Williams 8753 Edenton Way Jonesboro, GA 30238	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1503	Priority creditor's name and mailing address Thomas Cagney 2609 W. Southern Ave Lot 94 Tempe, AZ 85282	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1504	Priority creditor's name and mailing address Thomas Cuthbert 4801 NE 1st Terrace Oakland Park, FL 33334	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1505	Priority creditor's name and mailing address Tia Fulghum 5029 Clark St Baton Rouge, LA 70811	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1506	Priority creditor's name and mailing address Tiara Sanders 8355 Brent Dr 606 Fort Worth, TX 76120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.1507	Priority creditor's name and mailing address Tichina McKinney 1900 Real Dr. Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1508	Priority creditor's name and mailing address Tierra Bolden 1012 N 60th Street Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1509	Priority creditor's name and mailing address Tiffany Anderson 5406 Lake Crest Waco, TX 76710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1510	Priority creditor's name and mailing address Tiffany Bautista 3610 176th PI SW Lynnwood, WA 98037	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1511	Priority creditor's name and mailing address Tiffany Bendo 305 Oak street Bethesda, OH 43719	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1512	Priority creditor's name and mailing address Tiffany Dame 1025 Sterling Dr Seminole, OK 74868	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1513	Priority creditor's name and mailing address Tiffany Deen 400 SW Gordon St. #405 Burleson, TX 76028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1514	Priority creditor's name and mailing address Tiffany Henderson 5416 Fairlawn Ave Baltimore, MD 21215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1515	Priority creditor's name and mailing address Tiffany Marcks 1113 Meadowview Dr Euless, TX 76039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1516	Priority creditor's name and mailing address Tiffany Scott 200 Woodlands Blvd Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1517	Priority creditor's name and mailing address Tikika Whitner 320 Prosperity Ave Greenville, SC 29615	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1518	Priority creditor's name and mailing address Tina Buffington 123 Neckar Ln Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. Name	Case number (if known)
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2.1519	Priority creditor's name and mailing address Tina Grigsby 7780 flyng cloud dr apt 1312 Eden Prairie, MN 55344	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1520	Priority creditor's name and mailing address Tita Wright 895 South 18th Street 2 Newark, NJ 07108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1521	Priority creditor's name and mailing address Todd Haverkamp 417 N. 44th #1204 Lincoln, NE 68503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1522	Priority creditor's name and mailing address Tomy Reynolds 7528 FM 121 Van Alstyne, TX 75495	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.1523	Priority creditor's name and mailing address Toni O'Connor 1475 Alameda Drive Spring Hill, FL 34609	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1524	Priority creditor's name and mailing address Tonia Stanley 4265 Big Horn Pass Douglasville, GA 3013 Douglasville, GA 30135	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1525	Priority creditor's name and mailing address Tonja Kimble 2509 E Lakeshore Dr. 1008 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1526	Priority creditor's name and mailing address Tonya Cowin 9830 Lincoln Village Dr Apt 48 Sacramento, CA 95827	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1527	Priority creditor's name and mailing address Tonya McClain 920 Woodbine St Pittsburgh, PA 15201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1528	Priority creditor's name and mailing address Tonya Smith 2405 JJ Flewellen dr #303 Waco, TX 76704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1529	Priority creditor's name and mailing address Tonye Aseminaso 9201 Norwich Drive McKinney, TX 75071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1530	Priority creditor's name and mailing address Tosha Warfield 2606 Chesapeake St Euless, TX 76040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				

2.1531	Priority creditor's name and mailing address Toshua Moon 106 Wolverine Dr. Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1532	Priority creditor's name and mailing address Tracey Castilow 250 Summer Harvest Lorena, TX 76655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1533	Priority creditor's name and mailing address Tracey Eady 2713 Meadow Park Dr Apt C Bedford, TX 76021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1534	Priority creditor's name and mailing address Tracey Lindsay 6308 Windcrest Dr 2626 Plano, TX 75024	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1535	Priority creditor's name and mailing address Traci Hines 13424 Josephine Street Omaha, NE 68138	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1536	Priority creditor's name and mailing address Traci Kuhl 93 Lake Meade Drive East Berlin, PA 17316	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1537	Priority creditor's name and mailing address Tracie Love 1601 Stoneleight CT Apt 2125 Arlington, TX 76011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1538	Priority creditor's name and mailing address Tracie Robinson 1344 Fort Stevens Dr NW 101 Washington, DC 20011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1539	Priority creditor's name and mailing address Tracy Brown 8400 Stonebrook Pkwy 1922 Frisco, TX 75034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1540	Priority creditor's name and mailing address Tracy Brown 641 N. Town East, #225 Mesquite, TX 75150	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1541	Priority creditor's name and mailing address Tracy Poston 110 S Rita Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1542	Priority creditor's name and mailing address Travis Keller 3007 Morningview Dr Rapid City, SD 57702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1543	Priority creditor's name and mailing address Tressa Stokes 6114 Thistlewood Rd Jacksonville, FL 32277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1544	Priority creditor's name and mailing address Tricia Grammer 16 Perrin St Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1545	Priority creditor's name and mailing address Trina Kinnebrew 1428 Golden Gate Blvd. Suite H2 Mayfield Heights, OH 44124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1546	Priority creditor's name and mailing address Trinity Veney 1527 Western Oaks Waco, TX 76712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			
2.1547	Priority creditor's name and mailing address Trista Nelson 5210 Bagby Ave Apt 937 Waco, TX 76711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1548	Priority creditor's name and mailing address Twila Leshikar 209 Whispering Meadows Dr Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1549	Priority creditor's name and mailing address Tyee Jero 748 Ottawa Axtell, TX 76624	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1550	Priority creditor's name and mailing address Tyeesha Hollins 2813 Cole Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
	Name			

2.1551	Priority creditor's name and mailing address Tyler Norman 1707 live oak Waco, TX 76708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1552	Priority creditor's name and mailing address Tyrone Davis 4228 Dawson Houston, TX 77051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1553	Priority creditor's name and mailing address Tyronicka Johnson 2509 E. Lakeshore Dr. Apt 104 Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1554	Priority creditor's name and mailing address Tyson Pruett 102 Avenue A Moody, TX 76557	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
Name			

2.1555	Priority creditor's name and mailing address Uchuandala Miller 12250 Atlantic Blvd apt 805 Jacksonville, FL 32225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1556	Priority creditor's name and mailing address Ulanda Williams 3928 Richfield Ave. Waco, TX 76707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1557	Priority creditor's name and mailing address Unnati Parikh 8 Prairie Lane Bayville, NJ 08721-2252	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1558	Priority creditor's name and mailing address UTAH STATE TAX COMMISSION 210 NORTH 1950 WEST SALT LAKE CITY, UT 84134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1559	Priority creditor's name and mailing address Valerie Fitzon 1100 Greenbriar Lane Arlington, TX 76013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1560	Priority creditor's name and mailing address Valerie Fracaro 14940 Angelico St. Lemont, IL 60439	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1561	Priority creditor's name and mailing address Valerie Neal 6400 N West Parkview Park City, KS 67219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1562	Priority creditor's name and mailing address Valiant Tindell 630 Old Sawmill Rd Axtell, TX 76624	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1563	Priority creditor's name and mailing address Vanessa Brooks 914 Tahoe Trail Hewitt, TX 76643	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1564	Priority creditor's name and mailing address Vanessa Snow 2520 Massey Dr Robinson, TX 76706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1565	Priority creditor's name and mailing address Velita Armstrong 1233 Willowbrook Dr SE Apt 3 Apt#3 Huntsville, AL 35802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1566	Priority creditor's name and mailing address Venita Ross 48 West Windsor Dr. Little Rock, AR 72209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)		
2.1567	Priority creditor's name and mailing address Vera Early 201 Parakeet Dr Desoto, TX 75115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1568	Priority creditor's name and mailing address VERMONT DEPT OF TAXES 133 STATE ST MONTPELIER, VT 05633-1401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1569	Priority creditor's name and mailing address Veronica Holland 207 N Glenwood Apt A Rialto, CA 92376	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1570	Priority creditor's name and mailing address Veronica Menter 4301 Confederate Point Road #225A Jacksonville, FL 32210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.1571	Priority creditor's name and mailing address Vicki Bouchard 803 South 10TH ST Clinton, IA 52732	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1572	Priority creditor's name and mailing address Vicki Metcalf 3716 Katy Lane Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1573	Priority creditor's name and mailing address Vickie Bennett 6941 Donna Ave Reseda, CA 91335	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1574	Priority creditor's name and mailing address Vickyana Vanderpool 1710 NW 7th St Apt 604 Gainesville, FL 32609	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Examination Management Services, Inc.	Case number (if known)	
2.1575	Priority creditor's name and mailing address Victoria Mackey 3105 Richfield Ave Lake Placid, FL 33852	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1576	Priority creditor's name and mailing address Vincent Nyankum 2801 Oak Moor Apt3 5308 Arlington, TX 76010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1577	Priority creditor's name and mailing address Virginia Dawn Bowling 669 Pinebrook Dr E Jacksonville, FL 32220	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1578	Priority creditor's name and mailing address VIRGINIA DEPT OF TAXATION PO BOX 1115 RICHMOND, VA 23218-1115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim: Taxes	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.1579	Priority creditor's name and mailing address VIRGINIA DEPT OF TAXATION 1957 WESTMORELAND ST RICHMOND, VA 23230	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1580	Priority creditor's name and mailing address Von Manning 779 E 19th Street #2 Paterson, NJ 07501-2401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1581	Priority creditor's name and mailing address Wanda Pankratz 5718 S 141 Plz #21 Omaha, NE 68137	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1582	Priority creditor's name and mailing address Warren France 1400 Shannon Pl Carrollton, TX 75006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)		
2.1583	Priority creditor's name and mailing address WASHINGTON STATE DEPT OF REVENUE PO BOX 47478 OLYMPIA, WA 98504-7478	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1584	Priority creditor's name and mailing address WASHINGTON STATE DEPT OF REVENUE PO BOX 47476 OLYMPIA, WA 98504-7476	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1585	Priority creditor's name and mailing address Wen He 6710 28th Ave. S. Seattle, WA 98108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1586	Priority creditor's name and mailing address Wendy Aycok P.O.Box 23061 Waco, TX 76702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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2.1587	Priority creditor's name and mailing address Wendy Caughenbaugh 7758 Owensville Cemetery Rd Franklin, TX 77856	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1588	Priority creditor's name and mailing address Wendy Cobb 1809 1ST ST PLATTE CITY, MO 64079	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1589	Priority creditor's name and mailing address Wendy Reynolds 4042 Trenton Ave Clovis, CA 93619	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1590	Priority creditor's name and mailing address Wendy Silva 472 60TH STREET 2L BROOKLYN, NY 11220	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.1591	Priority creditor's name and mailing address WEST VIRGINIA STATE TAX DEPT 1001 LEE ST CHARLESTON, WV 25301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1592	Priority creditor's name and mailing address WEST VIRGINIA STATE TAX DEPT PO BOX 766 BANKRUPTCY UNIT CHARLESTON, WV 25323-0766	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1593	Priority creditor's name and mailing address Whitney Labeau 9633 Juniper Ave F4 Fontana, CA 92335	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1594	Priority creditor's name and mailing address William Durham P.O. Box 120 Blue Grass, VA 24413	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)		
Name				
2.1595	Priority creditor's name and mailing address William Haines 1191 Sugartree Ct. Cincinnati, OH 45231	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1596	Priority creditor's name and mailing address William Keys 17608 Ivy Hill Drive Dallas, TX 75287	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1597	Priority creditor's name and mailing address Willie Redmond 7773 Mary Payton Dr Southaven, MS 38671	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1598	Priority creditor's name and mailing address Winston Bowen 1227 Huntington Greens Dr Sin City Center, FL 33573	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.1599	Priority creditor's name and mailing address WISCONSIN DEPT OF REVENUE 2135 RIMROCK RD MADISON, WI 53713	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1600	Priority creditor's name and mailing address WYOMING DEPT OF REVENUE HERSCHLER BLDG 2ND FL WEST CHEYENNE, WY 82002-0110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1601	Priority creditor's name and mailing address YANIS CANOVA 6719 Lindale Ln KATY, TX 77449	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.1602	Priority creditor's name and mailing address Yolanda Brownlee 7734 Brookbury Cove Memphis, TN 38125	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Examination Management Services, Inc.	Case number (if known)	
	Name		

2.1603	Priority creditor's name and mailing address Yolanda Hobbs 153 S. New Dallas Hwy Waco, TX 76705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1604	Priority creditor's name and mailing address Yvette Chin 3312 Grayvine Ln Bowie, MD 20721	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1605	Priority creditor's name and mailing address Yvonne Dornsife 7 Oak Ter. #TE Cressona, PA 17929	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1606	Priority creditor's name and mailing address Zachery Loera 4221 Old Denton Road 1304 Carrollton, TX 75010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Examination Management Services, Inc.**
Name

Case number (if known)

2.1607	Priority creditor's name and mailing address Zelma Almonte 16339 Stuebner Airline Rd 415 Spring, TX 77379	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.1608	Priority creditor's name and mailing address Zerritta Worsham 7575 S WESTMORELAND RD APT #2113 DALLAS, TX 75237	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 11717 LLC BURT STREET PROFESSIONAL BLDG OMAHA, NE 68154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,633.92
3.2	Nonpriority creditor's name and mailing address 24/7 ONSITE DRUG & ALCOHOL TESTING 9708 SPID SUITE B-100 CORPUS CHRISTI, TX 78418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$490.00
3.3	Nonpriority creditor's name and mailing address 360 CONSULTING JV 3010 LBJ FREEWAY, SUITE 1200 DALLAS, TX 75234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,608.67

Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known) _____
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3.4	Nonpriority creditor's name and mailing address 5882 INC 450-106 SR 13N #115 ST JOHNS, FL 32259 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,236.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address A & D TESTS INC P O BOX 21701 WACO, TX 76702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$503.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address A BETTER PARAMEDIC 413 SW 3RD ST HALLANDALE, FL 33009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$474.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address A.T. DIRECT EXAMS LLC 1270 W BLACK WOLF RD ROUND LAKE, IL 60073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$211.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address ABM JANITORIAL SERVICES SOUTH CENTRAL IN P O BOX 951864 DALLAS, TX 75395-1864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,940.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address ABQ DRUG TESTING INC 8338 COMANCHE RD NE BLDG B ALBUQUERQUE, NM 87110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$80.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address ADVANCED MEDICAL INC 5959 SHALLOWFORD RD CHATTANOOGA, TN 37421-2228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,976.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.11	Nonpriority creditor's name and mailing address ADVANCED MEDICAL SERVICES 409 E BRADLEY STREET, SUITE 3 LARAMIE, WY 82702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address ADVANCED SPECIMEN COLLECTIONS LLC 2512 WATERBRIDGE WAY EVANSVILLE, IN 47710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,890.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address AEIOU 170 UNIVERSITY DRIVE AMHERST, MA 01002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$80.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address AFC OCC MED PAY ALABAMA P O BOX 930171 ATLANTA, GA 31193-0171 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address AFFIRM BACKGROUND SCREENING 310 STUNTZ AVENUE, SUITE 101 ASHLAND, WI 54806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,265.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address AHS(MORRISTOWN MEMRIAL HOSPITAL ATTN:AP BOX 925 MORRISTOWN, NJ 07960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$864.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address ALABAMA MEDSCREEN INC 3100 LORNA RD BIRMINGHAM, AL 35216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,977.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.18	Nonpriority creditor's name and mailing address ALARM CENTER PO BOX 7654 WACO, TX 76714-7654 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.25
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3.19	Nonpriority creditor's name and mailing address ALCOHOL & DRUG TESTING SERVICES 6025 LABATH AVENUE ROHNERT PARK, CA 94928 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$574.82
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3.20	Nonpriority creditor's name and mailing address ALEXIAN BROTHERS MEDICAL GROUP 25 EAST SCHAUMBURG ROAD, SUITE 200 SCHAUMBURG, IL 60194 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.21	Nonpriority creditor's name and mailing address ALLSCRIPTS HEALTHCARE LLC 24630 NETWORK PLACE CHICAGO, IL 60673-1246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,608.50
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3.22	Nonpriority creditor's name and mailing address ALPINE MEDICAL CENTER 202 NORTH 2ND STREET ALPINE, TX 79830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.23	Nonpriority creditor's name and mailing address AMAZON CAPITAL SERVICES INC PO BOX 035184 SEATTLE, WA 98124-5184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.32
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3.24	Nonpriority creditor's name and mailing address AMLI AT ESCENA 6401 ESCENA BLVD IRVING, TX 75039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,312.29
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.25	Nonpriority creditor's name and mailing address ANY LAB TEST NOW 6701 S LOUISE AVENUE SIOUX FALLS, SD 57108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
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3.26	Nonpriority creditor's name and mailing address APP MEDICAL SERVICES INC 1955 SHERMER ROAD NORTHBROOK, IL 60062-5352 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,381.51
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3.27	Nonpriority creditor's name and mailing address APPLICINT INC ATTN: TERRI SANDOVAL SAN DIEGO, CA 92120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,703.25
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3.28	Nonpriority creditor's name and mailing address ARCPPOINT LABS OF TAMPA 2901 W BUSCH BLVD STE 206 TAMPA, FL 33618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
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3.29	Nonpriority creditor's name and mailing address ARROW CAPITAL SOLUTIONS INC 9201 E DRY CREEK ROAD CENTENNIAL, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,281.67
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3.30	Nonpriority creditor's name and mailing address ASANTE PHYSICIAN PARTNERS PO BOX 743556 LOS ANGELES, CA 90074-3556 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.31	Nonpriority creditor's name and mailing address ASCENSION MICHIGAN 3198 SOLUTIONS CENTER CHICAGO, IL 60677-3001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.00
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.32	Nonpriority creditor's name and mailing address ASPIRING HEALTH SOLUTIONS, LLC P.O. BOX 2015 CATOOSA, OK 74015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,867.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address ASSURANCE TESTING SERVICES INC 2237-B S CONGRESS AVE PALM SPRINGS, FL 33406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,470.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address ASTORINO, TRACY 17003 PATTERSON DR OMAHA, NE 68135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,762.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address AT&T P O BOX 10226 NEWARK, NJ 07193-0226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$610.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	Nonpriority creditor's name and mailing address ATLANTICARE PHYSICIAN GROUP P O BOX 786061 PHILADELPHIA, PA 19178-6061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$90.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address AUDIT-TEL 7293 BEECHMONT AVE CINCINNATI, OH 45230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,700.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	Nonpriority creditor's name and mailing address AVIATION ROAD PROPERTIES 21 COMPUTER DRIVE EAST ALBANY, NY 12205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,640.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.39	Nonpriority creditor's name and mailing address BAIN PAPER COMPANY 224 COTTON DRIVE WACO, TX 76712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,637.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	Nonpriority creditor's name and mailing address BAKERSFIELD DRUG TESTING 2204 Q STREET, SUITE A BAKERSFIELD, CA 93301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	Nonpriority creditor's name and mailing address BALLARD NEIGHBORHOOD DOCTORS 7701 15TH AVENUE NW SEATTLE, WA 98117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address BANKDIRECT CAPITAL FINANCE TWO CONWAY PARK LAKE FOREST, IL 60045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$67,054.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	Nonpriority creditor's name and mailing address BARNES CARE P O BOX 502808 ST LOUIS, MO 63150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address BARRY W LEEDER INC 2129 HACIENDA WAY #J SACRAMENTO, CA 95825 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	Nonpriority creditor's name and mailing address BAYLOR SCOTT & WHITE HEALTH 5701 AIRPORT RD MS-AR-M200 TEMPLE, TX 76502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$135.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.46	Nonpriority creditor's name and mailing address BEACON OCCUPATIONAL HEALTH AND SAFETY SE LOCKBOX #631101 PO BOX 3852 SEATTLE, WA 98124-3852 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address BEECKEN PETTY O'KEEFE & COMPANY 131 S DEARBORN ST STE 2800 CHICAGO, IL 60603 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60,671.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address BENEDICTA ROWENA SAURA 5329 E BERGH DR ANAHEIM, CA 92807 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$579.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address BENEFITS HOSPITALS INC 500 5TH AVE SOUTH GREAT FALLS, MT 59403-5096 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address BHMA OCCUPATIONAL MEDICINE 1901 SOUTH SHADY STREET MOUNTAIN CITY, TN 37683 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address BI-STATE PROFESSIONAL SERVICES INC 17838 Chesterfield Airport Road Chesterfield, MO 63005 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,006.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address BioIQ 2300 Windy Ridge Parkway, Suite 850 S. Atlanta, GA 30339 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$43,289.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.53	Nonpriority creditor's name and mailing address BLUE RIDGE SCIENTIFIC TRANSPORT 1074 SHADOW PEAK RD FOREST, VA 24551 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$444.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address BR MEDTESTS INC 5032 CLARK HOWELL HIGHWAY COLLEGE PARK, GA 30349 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,080.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address BRASS CENTERVIEW 2012 LLC 10010 SAN PEDRO SUITE 450 SAN ANTONIO, TX 78216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,822.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address BRIDGEANCE PHLEBOTOMY 801 S WEST ST OLNEY, IL 62450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$293.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address BROOKMAT, CORP C/O ARDENBROOK INC AGENT 4725 THORNTON AVE. FREMONT, CA 94536-6408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,527.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address BURCH & CRACCHIOLO PA P O BOX 16882 PHOENIX, AZ 85011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,262.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address BURNETT MEDICAL CENTER 257 W ST GEORGE AVE. GRANTSBURG, WI 54840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Case number (if known)
Examination Management Services, Inc. Name	
3.60 Nonpriority creditor's name and mailing address BUTLER MEDICAL ASSOCIATES BUTLER PROFESSIONAL BUSINESS BUTLER, PA 16003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61 Nonpriority creditor's name and mailing address BVIP Baywest LLC 504 Rhett Street Suite 200 Greenville, SC 29601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,476.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62 Nonpriority creditor's name and mailing address C & E EXAMINING INC 1632 CAROL STREET DOWNERS GROVE, IL 60515-1863 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$720.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63 Nonpriority creditor's name and mailing address CARLE PHYSICIAN GROUP P O BOX 6004 URBANA, IL 61803-6004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64 Nonpriority creditor's name and mailing address CARRIS HEALTH LLC PO BOX 150 WILLMAR, MN 56201-0150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$105.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65 Nonpriority creditor's name and mailing address Causeway Partners L.L.C. REGIONS BANK BLDG SUITE 1040 METAIRIE, LA 70002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,242.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66 Nonpriority creditor's name and mailing address CDW DIRECT LLC P O BOX 75723 CHICAGO, IL 60675-5723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,218.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.67	Nonpriority creditor's name and mailing address CENTRAL ALABAMA PARAMEDICAL SERVICES LLC 4200 CARMICHAEL COURT NORTH MONTGOMERY, AL 36106-3621 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,668.29
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3.68	Nonpriority creditor's name and mailing address CENTRAL MEDICAL SERVICES OF SOUTHERN NEW 2170 E LOHMAN AVENUE STE A LAS CRUCES, NM 88001-8412 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.08
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3.69	Nonpriority creditor's name and mailing address CENTURYLINK PO BOX 96064 CHARLOTTE, NC 28296-0064 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,526.41
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3.70	Nonpriority creditor's name and mailing address CERIDIAN HCM INC P O BOX 772830 CHICAGO, IL 60677 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,620.81
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3.71	Nonpriority creditor's name and mailing address CERTIFIED LANGUAGES INTERNATIONAL 4800 SW MACADAM AVENUE SUITE 400 PORTLAND, OR 97239 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,980.95
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3.72	Nonpriority creditor's name and mailing address CHARLOTTE TERRY 48 TIMBER LANE TEXARKANA, TX 75501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$442.40
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3.73	Nonpriority creditor's name and mailing address CHESAPEAKE MEDICAL SOLUTIONS PA 31516 WINTERPLACE PARKWAY STE 103 SALISBURY, MD 21804-1882 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.00
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Debtor **Examination Management Services, Inc.**
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3.74	Nonpriority creditor's name and mailing address CHRISTIANSTEVEN SOFTWARE LLC 11020 DAVID TAYLOR DR STE 317 CHARLOTTE, NC 28262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,745.07
3.75	Nonpriority creditor's name and mailing address CIBER GLOBAL LLC 3270 WEST BIG BEAVER ROAD STE 120 TROY, MI 48084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,738.73
3.76	Nonpriority creditor's name and mailing address CINTAS CORPORATION P O BOX 740855 CINCINNATI, OH 45274-0855 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356.67
3.77	Nonpriority creditor's name and mailing address CLINICAL LABORATORIES OF HI PO BOX 30430 HONOLULU, HI 96820-0430 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.78	Nonpriority creditor's name and mailing address CLINICAL REFERENCE LABORATORY P O BOX 802273 KANSAS CITY, MO 64180-2273 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143,954.10
3.79	Nonpriority creditor's name and mailing address CLOUD COUNTY HEALTH CENTER INC 1100 HIGHLAND DRIVE CONCORDIA, KS 66901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.80
3.80	Nonpriority creditor's name and mailing address CNA SURETY 8137 INNOVATION WAY CHICAGO, IL 60682-0081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00

Debtor **Examination Management Services, Inc.**
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Case number (if known)

3.81	Nonpriority creditor's name and mailing address COBLE, JULIA 368 MOORES CAMP HIGHWAY BENTON, KY 42025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,453.21
3.82	Nonpriority creditor's name and mailing address COHEN SOUTHWIND GP 6750 Poplar Ave Ste 107 MEMPHIS, TN 38138-7407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,528.40
3.83	Nonpriority creditor's name and mailing address COLE, MARY 1382 HARMONY RD JONESBOROUGH, TN 37659 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,829.60
3.84	Nonpriority creditor's name and mailing address COLTON PUBLIC UTILITIES P.O. BOX 1367 COLTON, CA 92324-0831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395.72
3.85	Nonpriority creditor's name and mailing address COMMUNITY HEALTH PARTNERS INC 126 S MAIN STREET LIVINGSTON, MT 59047-2624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.86	Nonpriority creditor's name and mailing address COMPREHENSIVE DRUG SCREENING 473 N MAJOR RD BELTON, SC 29627 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$263.92
3.87	Nonpriority creditor's name and mailing address CONCENTRA POST OFFICE BOX 9008 LITTLETON, CO 80160-9008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,040.27

Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.88	Nonpriority creditor's name and mailing address CONSOLIDATED HEALTH SRVCS INC 4717 JENN DRIVE MYRTLE BEACH, SC 29577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,590.38
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3.89	Nonpriority creditor's name and mailing address COOK, SHAUNA 4404 14TH AVENUE SOUTH GREAT FALLS, MT 59405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.78
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3.90	Nonpriority creditor's name and mailing address COPIES OF INTEGRITY LLC P O BOX 834 LADSON, SC 29456-0834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,073.53
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3.91	Nonpriority creditor's name and mailing address COVERALL NORTH AMERICA INC 350 SW 12TH AVENUE DEERFIELD BEACH, FL 33442 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00
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3.92	Nonpriority creditor's name and mailing address CP LCF III LLC 815 BRAZOS ST STE 500 AUSTIN, TX 78701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,177.21
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3.93	Nonpriority creditor's name and mailing address CPT NETWORK SOLUTIONS INC 1062 W. SOUTH THORNDAL AVE BENSENVILLE, IL 60106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,148.28
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3.94	Nonpriority creditor's name and mailing address CRESTWOOD BUSINESS CENTER LLC C/O AL ANGELO COMPANY 400 E Mill Plain Blvd VANCOUVER, WA 98660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,819.08
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.95	Nonpriority creditor's name and mailing address CROSSROADS URGENT CARE PPLC P O BOX 671244 DALLAS, TX 75267-1244 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.96	Nonpriority creditor's name and mailing address CRUMP LIFE INSURANCE SERVICES INC 4135 NORTH FRONT STREET HARRISBURG, PA 17110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,200.00
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3.97	Nonpriority creditor's name and mailing address CRYSTAL SPRING WATER CO 6750 DISCOVERY BLVD MABLETON, GA 30126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.35
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3.98	Nonpriority creditor's name and mailing address CT CORPORATION P O BOX 4349 CAROL STREAM, IL 90197-4349 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,969.30
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3.99	Nonpriority creditor's name and mailing address CURVATURE INC 14416 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$607.29
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3.100	Nonpriority creditor's name and mailing address CUSTOM DATA PRODUCTS P O BOX 21929 WACO, TX 76702-1929 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.77
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3.101	Nonpriority creditor's name and mailing address DATASITE LLC 733 S MARQUETTE AVENUE MINNEAPLOIS, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,310.80
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Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known)	
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3.102	Nonpriority creditor's name and mailing address DAVENPORT MOUNT VERNON PARTNERS LP 1400 QUAIL STREET SUITE 195 NEWPORT BEACH, CA 92660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,666.30
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3.103	Nonpriority creditor's name and mailing address DAVID CARLSTONE 3903 N O'CONNOR ROAD IRVING, TX 75062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$990.00
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3.104	Nonpriority creditor's name and mailing address DEACONESS CLINIC 421 CHESTNUT STREET EVANSVILLE, IN 47713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.50
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3.105	Nonpriority creditor's name and mailing address DELL FINANCIAL SERVICES LLC PAYMENT PROCESSING CENTER CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,848.49
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3.106	Nonpriority creditor's name and mailing address DOCTORS ON DUTY MEDICAL CLINICS P O BOX 2300 SALINAS, CA 93902-2300 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.50
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3.107	Nonpriority creditor's name and mailing address DOCTORS URGENT CARE NEXTCARE 2550 NORTH THUNDERBIRD CIRCLE MESA, AZ 85215-1217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.00
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3.108	Nonpriority creditor's name and mailing address DoctorsCare 2302 MADISON ST CLARKSVILLE, TN 37403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.109	Nonpriority creditor's name and mailing address DOCUMENT MOUNTAIN 102 S MAIN STREET #D KIRKLIN, IN 46050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,917.00
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3.110	Nonpriority creditor's name and mailing address DOCUSIGN INC PO BOX 123428 DEPT 3428 DALLAS, TX 75312-3428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,270.82
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3.111	Nonpriority creditor's name and mailing address DORIS ASBURY PO BOX 2642 MURFREESBORO, TN 37133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$440.17
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3.112	Nonpriority creditor's name and mailing address DORMINY MEDICAL CENTER PO BOX 1447 FITZGERALD, GA 31750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.113	Nonpriority creditor's name and mailing address DUNRITE OCCUPATIONAL SERVICES INC 22976 Outer Drive DEARBORN, MI 48124-4248 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,355.00
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3.114	Nonpriority creditor's name and mailing address EASYPERMIT POSTAGE P O BOX 856042 LOUISVILLE, KY 40285-6042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,484.09
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3.115	Nonpriority creditor's name and mailing address EDUARDO E LARIN 8376 OAK RIDGE DR. GOODRICH, MI 48438 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$687.49
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.116	Nonpriority creditor's name and mailing address EISENHOWER OCCUPATIONAL HEALTH SERVICES DEPT 8265 LOS ANGELES, CA 90084-8265 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$180.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.117	Nonpriority creditor's name and mailing address EMBASSY RECORDS MANAGEMENT AND STORAGE L PO BOX 5449 BRYAN, TX 77805 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.118	Nonpriority creditor's name and mailing address EMSI HAWAII, INC 1188 BISHOP ST HONOLULU, HI 96813 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,330.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.119	Nonpriority creditor's name and mailing address eNOAH iSOLUTIONS INC 2955 E HILLCREST DRIVE SUITE 124 WESTLAKE VILLAGE, CA 91362 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$231,432.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.120	Nonpriority creditor's name and mailing address EPARAMED PARTNERS LLC 13920 BREGER AVE SYLMAR, CA 91342 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,686.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121	Nonpriority creditor's name and mailing address EQUIFAX INFORMATION SVCS LLC PO BOX 105835 ATLANTA, GA 30348-5835 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,916.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.122	Nonpriority creditor's name and mailing address ESCREEN INC DEPARTMENT CH 17207 PALATINE, IL 60055-7207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$128,846.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known)
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3.123	Nonpriority creditor's name and mailing address EXAM ASAP COM 2000S IH35, SUITE Q8B ROUND ROCK, TX 78681-6900 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,336.17
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3.124	Nonpriority creditor's name and mailing address EXAM SERVICES OF CENTRAL FLORIDA LLC 8818 COMMODITY CIRCLE ORLANDO, FL 32819-9067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,490.63
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3.125	Nonpriority creditor's name and mailing address EXAMINERS DIRECT LLC 17556 BIRCHWOOD DRIVE BOCA RATON, FL 33487 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,337.26
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3.126	Nonpriority creditor's name and mailing address EXAMONE P O BOX 201395 DALLAS, TX 75320-1395 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107,867.98
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3.127	Nonpriority creditor's name and mailing address EXAMS EXPRESS INC BRANCH 100 EVERGREEN PARK, IL 60805-2243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,854.35
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3.128	Nonpriority creditor's name and mailing address EXAMS PLUS INC 6919 E 10TH ST #D2 INDIANAPOLIS, IN 46219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,969.24
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3.129	Nonpriority creditor's name and mailing address FALLON MEDICAL COMP HOSPITAL P O BOX 820 BAKER, MT 59313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212.00
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.130	Nonpriority creditor's name and mailing address FAMILY CHOICE URGENT CARE PO BOX 572065 SALT LAKE CITY, UT 84157-2065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.131	Nonpriority creditor's name and mailing address FAMILY MEDICAL CENTER- 1657 NORTH EXPRESSWAY GRIFFIN, GA 30223-1276 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$20.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.132	Nonpriority creditor's name and mailing address FANG, YONG LIANG 39-06 MAIN ST #1918 FLUSHING, NY 11354 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$220.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.133	Nonpriority creditor's name and mailing address FASTMED URGENT CARE 935 SHOTWELL RD SUITE 108 CLAYTON, NC 27520-5598 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$58.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134	Nonpriority creditor's name and mailing address FEDEX P O BOX 94515 PALATINE, IL 60094-4515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$238,974.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135	Nonpriority creditor's name and mailing address FH & L FAMILY PRACTICE LLC 109 SARTIN DRIVE EDMONTON, KY 42129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136	Nonpriority creditor's name and mailing address FIDELITY SECURITY LIFE. P O BOX 632530 CINCINNATI, OH 45263-2530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$2,479.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.137	Nonpriority creditor's name and mailing address FIRST ADVANTAGE BACKGROUND SERVICES CORP P O BOX 403532 ATLANTA, GA 30384-3532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$254.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	Nonpriority creditor's name and mailing address FIRST CHOICE TESTING CENTERS 9080 BARBEE LANE, SUITE 102 KNOXVILLE, TN 37923-6256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,894.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139	Nonpriority creditor's name and mailing address FIRST CLASS EXAMINATION SERVICES 19425 SOLEDAD RD SUITE B184 CANYON COUNTRY, CA 91351-2627 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,098.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address FISCHER, DENISE 6041 Dusenburg Road Delray Beach, FL 33484 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$897.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	Nonpriority creditor's name and mailing address FOLSOM, KRYSTAL 2509 280th Hornick, IA 51026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,862.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address FOOTHILLS MEDICAL CENTER P O BOX 1420 LAS CRUCES, NM 88004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$43.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.143	Nonpriority creditor's name and mailing address FP Gimel OH, L.P 6389 QUAIL HOLLOW, SUITE 201 MEMPHIS, TN 38120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$669.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144	Nonpriority creditor's name and mailing address FRANZ FAMILY PROPERTIES LLC 3550 HAMPSHIRE AVENUE NORTH CRYSTAL, MN 55427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,436.97
3.145	Nonpriority creditor's name and mailing address FREEMAN HEALTH SYSTEM 1102 WEST 32ND STREET JOPLIN, MO 64804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.50
3.146	Nonpriority creditor's name and mailing address FTL PARAMEDICAL LLC 424 CENTRAL STRET LEOMINSTER, MA 01453-6126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,707.70
3.147	Nonpriority creditor's name and mailing address GEOCEL ENTERPRISES INC 3545 WILSHIRE BLVD, SUITE 490 LOS ANGELES, CA 90010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,555.05
3.148	Nonpriority creditor's name and mailing address GINA TORRES 5241 BON VIVANT DR #115 TAMPA, FL 33603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.31
3.149	Nonpriority creditor's name and mailing address GOOD SAMARITAN HOSPITAL 1160 E SAINT CLAIR STREET VINCENNES, IN 47591-4853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.47
3.150	Nonpriority creditor's name and mailing address GOOGLE INC 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043-1351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$929.94

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3.151	Nonpriority creditor's name and mailing address GREAT FALLS MEDICAL SERVICES, LLC 1118 Central Ave GREAT FALLS, MT 59401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$952.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.152	Nonpriority creditor's name and mailing address GREEN, RHONDA 794 OLIVE HAMLETT RD BENTON, KY 42025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$889.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.153	Nonpriority creditor's name and mailing address H & H PARAMEDICAL SERVICES, LLC 2087 BONNIE LANE SPRINGFIELD, OR 97477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$731.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.154	Nonpriority creditor's name and mailing address HARNEY DISTRICT HOSPITAL 557 W WASHINGTON ST BURNS, OR 97720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$846.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.155	Nonpriority creditor's name and mailing address HAROLD SCHAEFER MD 8769 24TH AVENUE BROOKLYN, NY 11214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$290.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.156	Nonpriority creditor's name and mailing address HAYS MEDICAL GROUP 2220 CENTERBURY DR HAYS, KS 67601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.157	Nonpriority creditor's name and mailing address HEALTH ASSESSMENTS INC 711 MILLER ST EXT SUITE 2 STATESBORO, GA 30458-4308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$107.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158	Nonpriority creditor's name and mailing address HEALTH RESEARCH SYSTEMS INC 529 6TH AVE HUNTINGTON, WV 25701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,116.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.159	Nonpriority creditor's name and mailing address HEALTH-LINK PARAMEDICAL SVS INC C/O SCOTT COVINGTON DOTHAN, AL 36301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,846.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.160	Nonpriority creditor's name and mailing address Healthcare Reality / Wiggins / OKC NW Me 5801 N Broadway Suite 120 Oklahoma City, OK 73118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,430.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.161	Nonpriority creditor's name and mailing address HEALTHWORKS - PA 2649 SCHOENERSVILLE ROAD BETHLEHEM, PA 18017-7384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.162	Nonpriority creditor's name and mailing address HELP/SYSTEMS LLC NW 5955 MINNEAPOLIS, MN 55485-5955 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$556.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.163	Nonpriority creditor's name and mailing address Heritage Place LLC 4500 HUGH HOWELL ROAD SUITE 780 TUCKER, GA 30084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,851.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.164	Nonpriority creditor's name and mailing address HEWLETT-PACKARD FINANCIAL SERVICES COMPA 200 CONNELL DRIVE SUITE 5000 BERKELEY HEIGHTS, NJ 07922 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,897.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.165	Nonpriority creditor's name and mailing address HITACHI VANTARA CORPORATION 2535 AUGUSTINE DRIVE SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,020.91
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3.166	Nonpriority creditor's name and mailing address Hofer Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258,000.00
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3.167	Nonpriority creditor's name and mailing address HOLY FAMILY MEMORIAL INC 2300 WESTERN AVENUE MANITOWOC, WI 54221-2170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.00
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3.168	Nonpriority creditor's name and mailing address HOT SHRED 210 N ROBERTS STREET WEST, TX 76691 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,045.96
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3.169	Nonpriority creditor's name and mailing address HUDSON VENTURES LP 2000 SPROUL ROAD BROOMALL, PA 19008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,935.06
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3.170	Nonpriority creditor's name and mailing address HUMCAP LP 5401 VILLAGE CREEK DRIVE PLANO, TX 75093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,150.00
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3.171	Nonpriority creditor's name and mailing address I3SCREEN 9501 NORTHFIELD BLVD DENVER, CO 80238 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
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3.172	Nonpriority creditor's name and mailing address IIX-INSURANCE INFORMATION EXCHANGE GENERAL POST OFFICE NEW YORK, NY 10087-7828 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34,257.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.173	Nonpriority creditor's name and mailing address IMMEDICENTER 500 UNION BLVD. TOTOWA, NJ 07512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.174	Nonpriority creditor's name and mailing address INFO CUBIC 116 INVERNESS EAST SUITE 206 ENGLEWOOD, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$725.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.175	Nonpriority creditor's name and mailing address INTEG P O BOX 23007 WACO, TX 76702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,208.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176	Nonpriority creditor's name and mailing address INTERMOUNTAIN WORKMED PO BOX 30180 SALT LAKE CITY, UT 84130-0180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$45.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.177	Nonpriority creditor's name and mailing address INTOXIMETERS INC P O BOX 798313 ST LOUIS, MO 63179-8000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,154.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.178	Nonpriority creditor's name and mailing address IPIPELINE 222 VALLEY CREEK BLVD EXTON, PA 19341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$981.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179	Nonpriority creditor's name and mailing address IRON MOUNTAIN INC 1 FEDERAL STREET, 7TH FLOOR BOSTON, MA 02110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.04
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3.180	Nonpriority creditor's name and mailing address ISRAEL STEINBERG 4 LEIPNIK WAY UNIT 301 MONROE, NY 10950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.89
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3.181	Nonpriority creditor's name and mailing address J & K CONSULTANTS INC 2605 NICHOLSON ROAD SUITE 1140 SEWICKLEY, PA 15143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,614.55
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3.182	Nonpriority creditor's name and mailing address J E M TESTING INC Branch 186 MIAMI, FL 33175 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,332.28
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3.183	Nonpriority creditor's name and mailing address JACKSON LEWIS PC PO BOX 416019 BOSTON, MA 02241-6019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,403.40
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3.184	Nonpriority creditor's name and mailing address JACOBS CATHEY COMPANY POST OFFICE BOX 7305 WACO, TX 76714-7305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$790.22
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3.185	Nonpriority creditor's name and mailing address JACOBSON MEMORIAL HOSPITAL P O BOX 367 ELGIN, ND 58533-0367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
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3.186	Nonpriority creditor's name and mailing address JANET O'DELL 4492 WILSIE ROAD FRAMETOWN, WV 26623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.94
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3.187	Nonpriority creditor's name and mailing address Jarcor, LLC Benchmark Real Estate Group PO Box 6 Des Moines, IA 50301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,307.51
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3.188	Nonpriority creditor's name and mailing address JASONS LAWCARE AND LANDSCAPING PO BOX 878 LORENA, TX 76655 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$611.62
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3.189	Nonpriority creditor's name and mailing address JIMERSON BIRR PA ONE INDEPENDENT DRIVE SUITE 1400 JACKSONVILLE, FL 32202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,318.90
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3.190	Nonpriority creditor's name and mailing address JOHNSON, SHELLEY 37703 WILLOW DR EASTLAKE, OH 44095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.47
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3.191	Nonpriority creditor's name and mailing address JONES, KELLY 25100 Sandhill Blvd., W204 Punta Gorda, FL 33983 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.75
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3.192	Nonpriority creditor's name and mailing address JTD SERVICES INC 8713 Airport Freeway #318 Fort Worth, TX 76180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,341.05
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3.193	Nonpriority creditor's name and mailing address KELLY COMPLIANCE INC #8 LEED RD. WINFIELD, KS 67156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
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3.194	Nonpriority creditor's name and mailing address KIMBERLA K BRANSON 1114 RATLIFF CT. BOONVILLE, IN 47601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$424.26
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3.195	Nonpriority creditor's name and mailing address KINASHA CORPORATION NV C/O WEAVER REALTY JACKSONVILLE, FL 32256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,655.40
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3.196	Nonpriority creditor's name and mailing address KIRKLAND & ELLIS LLP 300 NORTH LASALLE ST CHICAGO, IL 60654 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98,858.09
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3.197	Nonpriority creditor's name and mailing address KLEEN AIR P O BOX 207 GROESBECK, TX 76642 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.82
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3.198	Nonpriority creditor's name and mailing address KMCMEDASSIST LLC P O BOX 2212 LOVES PARK, IL 61131-0212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.199	Nonpriority creditor's name and mailing address KNOXVILLE MEDICAL AND INDUSTRIAL CLINIC 4306 ASHVILLE HWY KNOXVILLE, TN 37914 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.00
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.200	Nonpriority creditor's name and mailing address KTCM LLC 634 OLD LIVERPOOL RD LIVERPOOL, NY 13088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,420.83
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3.201	Nonpriority creditor's name and mailing address KURTZ & REVNESS PC THREE GLENHARDIE CORPORATE CENTER WAYNE, PA 19087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,751.70
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3.202	Nonpriority creditor's name and mailing address L & L EXAMS PLUS INC 12701 Towne Park Way LOUISVILLE, KY 40243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,099.55
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3.203	Nonpriority creditor's name and mailing address LA QUINTA INNS & SUITES 4385 SINTON RD COLORADO SPRINGS, CO 80907 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207.88
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3.204	Nonpriority creditor's name and mailing address LAB EXPRESS LLC 1800 NE EVANGELINE THRUWAY, SUITE H6 LAFAYETTE, LA 70501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,586.59
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3.205	Nonpriority creditor's name and mailing address LAKE SIDE CENTER LLC 8823 SAN JOSE BLVD, SUITE 101 JACKSONVILLE, FL 32217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,395.15
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3.206	Nonpriority creditor's name and mailing address LALITA PRASAD 2331 YORKSHIRE DR ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$358.82
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.207	Nonpriority creditor's name and mailing address LARA, VICTOR 2838 TRENT CT GRAND PRAIRIE, TX 75052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,734.79
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3.208	Nonpriority creditor's name and mailing address LAW OFFICES OF CHARLES D NAYLOR 11 GOLDEN SHORE DRIVE SUITE 350 LONG BEACH, CA 90802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$660.46
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3.209	Nonpriority creditor's name and mailing address LE BLEU ENTERPRISES 621 N REGIONAL RD GREENSBORO, NC 27409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.26
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3.210	Nonpriority creditor's name and mailing address LESLIE VOCATIONAL CONSULTING STERLING CENTER LANCASTER, PA 17601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,495.90
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3.211	Nonpriority creditor's name and mailing address LEWIS BRISBOIS BISGAARD & SMITH LLP 633 W 5TH, SUITE 4000 LOS ANGELES, CA 90071-2074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,119.00
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3.212	Nonpriority creditor's name and mailing address LIFELINE MEDICAL INC 22 SHELTER ROCK LANE DANBURY, CT 06810-8274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$795.78
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3.213	Nonpriority creditor's name and mailing address LILLIS PITHA LLP 465 CALIFORNIA STREET, 5TH FLOOR SAN FRANCISCO, CA 94104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,850.49
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.214	Nonpriority creditor's name and mailing address LINDO, CECELIA 114-51 210TH STREET CAMBRIA HEIGHTS, NY 11411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.15
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3.215	Nonpriority creditor's name and mailing address LogMeln USA Inc 7414 HOLLISTER AVENUE GOLETA, CA 93117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,338.20
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3.216	Nonpriority creditor's name and mailing address LORI SHAFER 328 WILLIS DRIVE BUNKER HILL, WV 25413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.52
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3.217	Nonpriority creditor's name and mailing address LOU'S CLINICAL LAB INC PO BOX 394 ODESSA, TX 79760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.218	Nonpriority creditor's name and mailing address LUSTER, SANDRA 138 HOLLY HILL DR BEREA, KY 40403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$868.83
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3.219	Nonpriority creditor's name and mailing address LYLES PARAMED EXAMS LLC 3081 KENSINGTON CT SW ATLANTA, GA 30331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.40
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3.220	Nonpriority creditor's name and mailing address M D & A T SERVICES INC 99 GEORGE KING BLVD #1 CAPE CANAVERAL, FL 32920 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.221	Nonpriority creditor's name and mailing address MARIETTA OCCUPATIONAL HEALTH PARTNERS LL 401 MATTHEW ST MARIETTA, OH 45750 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.222	Nonpriority creditor's name and mailing address MARKETSPHERE CONSULTING LLC P O BOX 30123 OMAHA, NE 68103-1223 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$388.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.223	Nonpriority creditor's name and mailing address MCC DRUG & ALCOHOL INC 1236 N 7TH ST GRAND JUNCTION, CO 81501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.224	Nonpriority creditor's name and mailing address MCCOY & MCCOY LLC ATTORNEYS AT LAW 20 CHURCH STREET 17TH FLOOR HARTFORD, CT 06103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$452.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.225	Nonpriority creditor's name and mailing address MED FIRST IMMEDIATE CARE AND FAMILY PRAC PO BOX 8728 BELFAST, ME 04915-8728 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$180.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.226	Nonpriority creditor's name and mailing address MED-EX PARAMEDICAL 1010 EAST MCDOWELL RD SUITE 401 PHOENIX, AZ 85006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$77,220.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.227	Nonpriority creditor's name and mailing address MED-TECH SOLUTIONS INC P.O. BOX 320118 FLOWOOD, MS 39232 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,066.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.228	Nonpriority creditor's name and mailing address MEDEXPRESS URGENT CARE INC WEST VIRGINIA P O BOX 7959 BELFAST, ME 04915-7900 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.229	Nonpriority creditor's name and mailing address MEDGROUP OCCUPATIONAL MEDICINE AND URGEN 13916 CEDAR ROAD UNIVERSITY HEIGHTS, OH 44118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$225.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.230	Nonpriority creditor's name and mailing address MEDICAL ACCESS PC 12321 MIDDLEBROOK RD STE 101 GERMANTOWN, MD 20874-1512 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.231	Nonpriority creditor's name and mailing address MEDICAL ASSOCIATES OF NWA P O BOX 10197 FAYETTEVILLE, AR 72702-1747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$528.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.232	Nonpriority creditor's name and mailing address MEDICAL EXAMS AND SERVICES 2425 SAGE ROAD # 110 HOUSTON, TX 77056 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,529.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.233	Nonpriority creditor's name and mailing address MEDICAL PARK FAMILY CARE INC 2211 EAST NORTHERN LIGHTS BLVD ANCHORAGE, AK 99508 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.234	Nonpriority creditor's name and mailing address MEDICAL RECORD COPY SOLUTION LLC 25 MAUCHLY, SUITE 313 IRVINE, CA 92618-2361 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,405.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.235	Nonpriority creditor's name and mailing address MEDIHORIZONS INC P O BOX 20170 CHEYENNE, WY 82003-7004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.25
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3.236	Nonpriority creditor's name and mailing address MEDITEST OF MAINE 545 MAIN STREET WATERBORO, ME 04087-3001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,959.60
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3.237	Nonpriority creditor's name and mailing address MEDPHYSICALS PLUS LLC 4141 B STREET, SUITE 210 ANCHORAGE, AK 99503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,267.14
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3.238	Nonpriority creditor's name and mailing address MEDPRO GROUP 2201 BENDEN DRIVE WOOSTER, OH 44691 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.239	Nonpriority creditor's name and mailing address MEDTOX DIAGNOSTICS INC P O BOX 60575 CHARLOTTE, NC 28260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$277.73
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3.240	Nonpriority creditor's name and mailing address MEHRING, TARA 541 MARY TODD LN MODESTO, CA 95354 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,007.24
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3.241	Nonpriority creditor's name and mailing address MEMORIAL CARE MEDICAL FOUNDATION 2742 DOW AVENUE TUSTIN, CA 92780-7242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.242	Nonpriority creditor's name and mailing address MENDONCA, SHERRIE 2021 CARLETON DR TURLOCK, CA 95382 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$818.97
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3.243	Nonpriority creditor's name and mailing address MERCY CLINIC OCCUPATIONAL MEDICINE PO BOX 776075 CHICAGO, IL 60677-6075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.244	Nonpriority creditor's name and mailing address MERCY HEALTH SYSTEM PO BOX 1076 JANESVILLE, WI 53547-1076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.00
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3.245	Nonpriority creditor's name and mailing address MERIDIAN OCCUPATIONAL HEALTH PC PO BOX 414288 BOSTON, MA 02241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.246	Nonpriority creditor's name and mailing address MICHAEL'S KEYS INC 206 W BEDFORD EULESS RD HURST, TX 76053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.36
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3.247	Nonpriority creditor's name and mailing address MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052-6399 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,945.24
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3.248	Nonpriority creditor's name and mailing address MID-SUFFOLK MEDICAL CARE PC 6277 JERICHO TPKE COMMACK, NY 11725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known) _____
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3.249	Nonpriority creditor's name and mailing address MIDLAND HEALTH TESTING SERVICES INC BRANCH 368 WAUWATOSA, WI 53226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,258.45
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3.250	Nonpriority creditor's name and mailing address MIDWEST OCCUPATIONAL HEALTH ASSOCIATES 1025 SOUTH SIXTH STREET SPRINGFIELD, IL 62703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.251	Nonpriority creditor's name and mailing address MILLENNIUM PHYSICIAN GROUP 2343 AARON STREET PORT CHARLOTTE, FL 33952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$294.00
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3.252	Nonpriority creditor's name and mailing address MINNESOTA OCCUPATIONAL HEALTH 710 COMMERCE DR WOODBURY, MN 55125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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3.253	Nonpriority creditor's name and mailing address MOBILE DRUG TESTING. 4109 NAVAHO AVENUE MEMPHIS, TN 38118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
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3.254	Nonpriority creditor's name and mailing address MOBILE MEDIC HEALTH SERVICES LLC 611 N WYMORE RD WINTER PARK, FL 32789 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,012.12
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3.255	Nonpriority creditor's name and mailing address MON HEALTH WEDGEWOOD WESTOVER 1929 MASON DIXON HIGHWAY CORE, WV 26541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.256	Nonpriority creditor's name and mailing address MONONGAHELA VALLEY HOSPITAL INC. ATTN: INSURANCE OFFICE/CASHIER MONONGAHELA, PA 15063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.257	Nonpriority creditor's name and mailing address MOTUS LLC 60 SOUTH STREET, SUITE 1200 BOSTON, MA 02111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$35,384.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.258	Nonpriority creditor's name and mailing address MOUNTAIN MEDICAL SERVICES PLLC PO BOX 13395 BELFAST, ME 04915 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$90.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.259	Nonpriority creditor's name and mailing address NCS P O BOX 321 EGG HARBOR CITY, NJ 08215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,825.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.260	Nonpriority creditor's name and mailing address NELLIE KUH 336 FAIRVIEW DR BURLINGTON, WV 26710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$41.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.261	Nonpriority creditor's name and mailing address NEOPOST INC P O BOX 45840 SAN FRANCISCO, CA 94145-0840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$81.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.262	Nonpriority creditor's name and mailing address NEW ENGLAND DNA INC 2257 SILAS DEANE HWY ROCKY HILL, CT 06067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,384.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known)
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3.263	Nonpriority creditor's name and mailing address NEWBURY PARK URGENT CARE 2080 NEWBURY RD THOUSAND OAKS, CA 91320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.264	Nonpriority creditor's name and mailing address NORTH AMERICAN TRAINING GROUP 1293 BEACON CIRCLE WELLINGTON, FL 33414 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,475.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.265	Nonpriority creditor's name and mailing address NORTH TEXAS PARAMEDICAL SERVICES LLC PO BOX 964 MCKINNEY, TX 75070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$418.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.266	Nonpriority creditor's name and mailing address NORTHSTAR MEDICAL SERVICES INC 720 4TH AVENUE EAST ALEXANDRIA, MN 56308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,186.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.267	Nonpriority creditor's name and mailing address NORTON ROSE FULBRIGHT US LLP P O BOX 844284 DALLAS, TX 75284-4284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$108,125.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.268	Nonpriority creditor's name and mailing address NRH OCCUPATIONAL MEDICINE PO BOX 268810 OKLAHOMA CITY, OK 73125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$375.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.269	Nonpriority creditor's name and mailing address O'NEILL ENTERPRISES INC 4020 WAKE FOREST RD SUITE 214 RALEIGH, NC 27609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,157.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known)
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3.270	Nonpriority creditor's name and mailing address OCCUPATIONAL MEDICINE CENTER 306 WEST HIGH AVENUE NEW PHILADELPHIA, OH 44663 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.271	Nonpriority creditor's name and mailing address OCCUPATIONAL SAFETY SERVICES INC 1711 A HILLYER ROBINSON INDUSTRIAL PKWY OXFORD, AL 36203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,867.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.272	Nonpriority creditor's name and mailing address OCTS PO BOX 10 SCREVEN, GA 31560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.273	Nonpriority creditor's name and mailing address ONSITE ADVANTAGE MOBILE DRUG 2201 STIEGLITZ AVE SE ALBUQUERQUE, NM 87106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$289.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.274	Nonpriority creditor's name and mailing address ORACLE USA INC P O BOX 203448 DALLAS, TX 75320-3448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$66,189.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.275	Nonpriority creditor's name and mailing address P BRASHEAR LLC 185 WILLIAMSBURG STREET LAKE CHARLES, LA 70605-5719 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$839.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.276	Nonpriority creditor's name and mailing address PACIFIC LIFE COMPANY 750 MAIN ST LYNCHBURG, VA 24504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,708.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Examination Management Services, Inc.**
Name

Case number (if known)

3.277	Nonpriority creditor's name and mailing address PAJAMA PROPERTIES, LLC 4255 RUFFIN ROAD, STE 300 SAN DIEGO, CA 92123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,623.01
3.278	Nonpriority creditor's name and mailing address PAPERCLIP INC ONE UNIVERSITY PLAZA STE 518 HANCKENSACK, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.279	Nonpriority creditor's name and mailing address PARAMEDICAL EXAMS LLC 232 PROVIDENCE HIGHWAY WESTWOOD, NJ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,844.52
3.280	Nonpriority creditor's name and mailing address PARAMEDICAL SERVICES OF VA INC 144 BUSINESS PARK DR VIRGINIA BEACH, VA 23462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,828.00
3.281	Nonpriority creditor's name and mailing address PARAMEDICALS COM LLC 27 KENSINGTON DR MANALAPAN, NJ 07726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,133.49
3.282	Nonpriority creditor's name and mailing address PARAMEX SCREENING SERVICES LP 1450 SHERMAN AVE CHICO, CA 95926-2705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$393.88
3.283	Nonpriority creditor's name and mailing address PARENT COMPANY INC 200 N MAIN ST E LONG MEADOW, MA 01028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.16

Debtor **Examination Management Services, Inc.**
Name

Case number (if known)

3.284	Nonpriority creditor's name and mailing address PELICAN DIAGNOSTICS LLC 3101 CYPRESS ST WEST MONROE, LA 71291-5291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$368.71
3.285	Nonpriority creditor's name and mailing address PELZ PARAMEDICAL INC 823 AIRPORT NORTH OFFICE PARK FT WAYNE, IN 46825 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,420.30
3.286	Nonpriority creditor's name and mailing address PENA, JOHN 1823 S MAPLE AVE BERWYN, IL 60402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,958.27
3.287	Nonpriority creditor's name and mailing address PHILA OCCHEALTH/WORKNET OCC MED PO BOX 827842 PHILADELPHIA, PA 19182-7842 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.288	Nonpriority creditor's name and mailing address PHYSICAL DATA SERVICES ILLINOIS INC 2615 CHAMPION RD NAPERVILLE, IL 60564 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$659.57
3.289	Nonpriority creditor's name and mailing address PHYSICAL EVALUATIONS INC 4707 ARMOUR RD COLUMBUS, GA 31904 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,823.99
3.290	Nonpriority creditor's name and mailing address PHYSICAL EXAMS INC P O BOX 20047 CHARLESTON, WV 25362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.00

Debtor **Examination Management Services, Inc.**
Name

Case number (if known)

3.291	Nonpriority creditor's name and mailing address PHYSICALLY SPEAKING INC 21110 E ILLINOIS FARMINGTON, IL 61531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,239.49
3.292	Nonpriority creditor's name and mailing address PHYSICIANS HEALTH CENTER 6990 NW 37TH AVENUE MIAMI, FL 33147-6514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.293	Nonpriority creditor's name and mailing address PHYSICIANS IMMEDIATE CARE 3475 SOUTH ALPINE ROCKFORD, IL 61109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.294	Nonpriority creditor's name and mailing address PHYSICIANS INSURANCE SERVICES OF ILLINOI 125 S WACKER DRIVE, SUITE 300 CHICAGO, IL 60606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,383.70
3.295	Nonpriority creditor's name and mailing address PHYSICIANS PRIMARY CARE 9021 PARK ROYAL DR FT MYERS, FL 33908 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.296	Nonpriority creditor's name and mailing address PINNACLE MEDICAL GROUP AZ-PC 4343 EAST 31ST PLACE YUMA, AZ 85365 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.297	Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FINANCIAL 1313 NORTH ATLANTIC STE 3000 SPOKANE, WA 99201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,894.88

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3.298	Nonpriority creditor's name and mailing address PITNEY BOWES PURCHASE POWER PO BOX 856042 LOUISVILLE, KY 40285-6042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,283.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.299	Nonpriority creditor's name and mailing address PMD SERVICE INC 2801 MAIN STREET, SUITE 566 IRVINE, CA 92614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,081.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.300	Nonpriority creditor's name and mailing address POWER PLUS 5500 E LA PALMA AVENUE ANAHEIM, CA 92807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,303.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.301	Nonpriority creditor's name and mailing address PRINCIPAL LIFE INS CO PO Box 9000 Newport Beach, CA 00926-5803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,922.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.302	Nonpriority creditor's name and mailing address PRIVIA MEDICAL GROUP LLC P O BOX 13050 BELFAST, ME 04915-4021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.303	Nonpriority creditor's name and mailing address PRN PARAMEDICAL COMPANY INC 5246 Mission St San Francisco, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$868.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.304	Nonpriority creditor's name and mailing address PROVIDERTRUST INC 618 CHURCH STREET, STE 520 NASHVILLE, TN 37219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,864.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.305	Nonpriority creditor's name and mailing address PROVISIONS HEALTH SERVICES LLC 419 CAMERON AVENUE LACROSSE, WI 54601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,996.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.306	Nonpriority creditor's name and mailing address PRUDENTIAL 2101 WELSH ROAD DRESHER, PA 19025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,140.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.307	Nonpriority creditor's name and mailing address PUSEY, KATHERINE PO BOX 310 DELMAR, DE 19940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$901.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.308	Nonpriority creditor's name and mailing address QUADIENT POSTAGE FUNDING P O BOX 31021 TAMPA, FL 33631-3021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$41.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.309	Nonpriority creditor's name and mailing address QUALITY EXAMS SERVICES, INC BRANCH 169 HOLLYWOOD, CA 90038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,237.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.310	Nonpriority creditor's name and mailing address QUANTUM EPM 615 S FEDERAL BLVD SUITE 102 DENVER, CO 80219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$120.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.311	Nonpriority creditor's name and mailing address QUEST DIAGNOSTICS FILE NO. 91514 LOS ANGELES, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$85.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Examination Management Services, Inc.**
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3.312	Nonpriority creditor's name and mailing address RAFIYEV, NAZILYA 1501 FOSTER RD WARMINSTER, PA 18974 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.45
3.313	Nonpriority creditor's name and mailing address RAMSON, TAKISHA 67 SUNDOWN DR JACKSON, TN 38305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,452.72
3.314	Nonpriority creditor's name and mailing address RBB COMMUNICATIONS LLC 355 ALHAMBRA CIRCLE SUITE 800 CORAL GABLES, FL 33134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.315	Nonpriority creditor's name and mailing address REED'S FLOWERS 1029 AUSTIN AVENUE WACO, TX 76701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.69
3.316	Nonpriority creditor's name and mailing address REGIONAL EMPLOYEE ASSISTANCE PROGRAM ATTN: MEDICAL RECORDS BROWNWOOD, TX 76804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.00
3.317	Nonpriority creditor's name and mailing address REGIONAL HEALTH 353 FAIRMONT BLVD RAPID CITY, SD 57701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.00
3.318	Nonpriority creditor's name and mailing address REHABILITATION & OCCUPATIONAL SPECIALIS 1854 VETERANS HIGHWAY LEVITTOWN, PA 19056-2107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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3.319	Nonpriority creditor's name and mailing address RENOWN HEALTH 780 KUENZLI ST STE 202 RENO, NV 89502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.320	Nonpriority creditor's name and mailing address REVEEL LLC 4521 CAMPUS DRIVE SUITE 400 IRVINE, CA 92612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189,347.56
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3.321	Nonpriority creditor's name and mailing address RICELAND REGENTS PARK I & II 85 IH-10 NORTH STE 109 BEAUMONT, TX 77707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,473.67
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3.322	Nonpriority creditor's name and mailing address RICOH USA, INC PO BOX 660342 DALLAS, TX 75266-0342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,824.96
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3.323	Nonpriority creditor's name and mailing address ROCC EMPLOYER SERVICES P O BOX 4699 LAFAYETTE, IN 47903-4699 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.324	Nonpriority creditor's name and mailing address ROMAN CENTURION CORP 417 HIAWATHA DRIVE BUFFALO GROVE, IL 60089-3457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,570.14
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3.325	Nonpriority creditor's name and mailing address ROOSEVELT MEDICAL CENTER PO BOX 24296 BELFAST, ME 04915-4493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00
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3.326	Nonpriority creditor's name and mailing address RSM US LLP 5155 PAYSPHERE CIRCLE CHICAGO, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,010.00
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3.327	Nonpriority creditor's name and mailing address SALMON SIMS THOMAS & ASSOCIATES PLLC 12720 HILLCREST ROAD DALLAS, TX 75230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.328	Nonpriority creditor's name and mailing address SANFORD HEALTH OCCUPATIONAL MEDICINE 3838 12THS AVENUE NORTH FARGO, ND 58102-2931 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00
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3.329	Nonpriority creditor's name and mailing address SERESS, KATHLEEN 4201 TOPANGA CANYON BLVD WOODLAND HILLS, CA 91364 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$386.29
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3.330	Nonpriority creditor's name and mailing address SHANNON CLINIC 120 E BEAUREGARD AVENUE SAN ANGELO, TX 76903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.331	Nonpriority creditor's name and mailing address SHARPS COMPLIANCE INC P O BOX 52792 LAFAYETTE, LA 70505-2792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,449.13
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3.332	Nonpriority creditor's name and mailing address SHEIKH, TAHIRA 4224 MESA DR CARROLLTON, TX 75010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.77
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3.333	Nonpriority creditor's name and mailing address SHEILA PORTER P O BOX 17514 TAMPA, FL 33682 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$337.15
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3.334	Nonpriority creditor's name and mailing address SHERIDA AZEEZ 12689 SW 21 ST MIRAMAR, FL 33027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$963.93
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3.335	Nonpriority creditor's name and mailing address SHERYL HANNA 1645 CRESENT STREET TRAVERSE CITY, MI 49686 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313.98
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3.336	Nonpriority creditor's name and mailing address SHRED-IT USA 10162 BELLWRIGHT ROAD STE A SUMMERVILLE, SC 29483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,605.19
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3.337	Nonpriority creditor's name and mailing address SIERRA DOCTORS MEDICAL GRP 275 GRASS VALLEY HWY. AUBURN, CA 95603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
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3.338	Nonpriority creditor's name and mailing address SIERRA SCREENING SERVICES 2641 BRENTWOOD DR CARSON CITY, NV 89701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,155.25
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3.339	Nonpriority creditor's name and mailing address SIMEDHEALTH LLC 4881 NW 8TH AVENUE SUITE 2 GAINESVILLE, FL 32605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.00
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3.340	Nonpriority creditor's name and mailing address SINK, REBECCA 8716 ARLIES TRAIL WILLOW SPRINGS, NC 27592 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$386.36
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3.341	Nonpriority creditor's name and mailing address SOKO UNITED CORP 566 EAST LAMBERT ROAD BREA, CA 92821 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,132.51
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3.342	Nonpriority creditor's name and mailing address SOUTHWEST MEDICAL SOLUTIONS LLC 5533 W 109TH ST SUITE 101 OAK LAWN, IL 60453 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,814.97
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3.343	Nonpriority creditor's name and mailing address SPECTRUM BUSINESS P O BOX 740466 CINTI, OH 45274-0466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,836.03
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3.344	Nonpriority creditor's name and mailing address SPECTRUM HEALTH P O BOX 2048 GRAND RAPIDS, MI 49501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.00
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3.345	Nonpriority creditor's name and mailing address SPECTRUM HEALTH PENNOCK LAB 1009 W GREEN STREET HASTINGS, MI 49058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.00
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3.346	Nonpriority creditor's name and mailing address SPENCER HEALTH SOLUTIONS LLC 1981 J N PEASE PLACE SUITE 103 CHARLOTTE, NC 28262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,168.54
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.347	Nonpriority creditor's name and mailing address SPIVEY ENTERPRISES INC 1481 DEAN FOREST ROAD SAVANNAH, GA 31405-9342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,775.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.348	Nonpriority creditor's name and mailing address SPRINGHILL PHYSICIAN PRACTICES INC 3715 DAUPHIN STREET, SUITE 7-A MOBILE, AL 36608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.349	Nonpriority creditor's name and mailing address ST JOHN PROPERTIES, INC P O BOX 62696 BALTIMORE, MD 21264-2696 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,711.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.350	Nonpriority creditor's name and mailing address ST LUKE'S HOSPITAL AND CLINICS OF DULUTH 915 EAST 1ST STREET DULUTH, MN 55805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.351	Nonpriority creditor's name and mailing address STARK & STARK ATTORNEYS AT LAW ATTN: CYNDI MARK CONLEY PRINCETON, NH 08543-5315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$501.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.352	Nonpriority creditor's name and mailing address STEAMBOAT MEDICAL GROUP 1280 INDUSTRIAL AVE, SUITE 103 CRAIG, CO 81625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.353	Nonpriority creditor's name and mailing address STERLING TALENT SOLUTIONS 1 STATE STREET PLAZA 24TH FLOOR NEW YORK, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,504.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.354	Nonpriority creditor's name and mailing address STEVENS COUNTY HOSPITAL P O BOX 10 HUGOTON, KS 67951 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
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3.355	Nonpriority creditor's name and mailing address SUNGARD AVAILABILITY SERVICES P O BOX 91233 CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,100.00
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3.356	Nonpriority creditor's name and mailing address SYSTEMS CHECK INC 80 SCENIC DRIVE, 2ND FLOOR, SUITE 7 FREEHOLD, NJ 07728 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,540.41
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3.357	Nonpriority creditor's name and mailing address TALX 4076 PAYSHERE CIRCLE CHICAGO, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,519.42
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3.358	Nonpriority creditor's name and mailing address TAYLOR LAW GROUP LLC 206 E MAIN STREET DOTHAN, AL 36301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.75
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3.359	Nonpriority creditor's name and mailing address TECH PLAN INC 717 TAYLOR DRIVE PLANO, TX 75074-6778 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,892.61
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3.360	Nonpriority creditor's name and mailing address TEST EXPRESS LLC ONE LAKE SHORE DRIVE LAKE CHARLES, LA 70629 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,306.73
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.361	Nonpriority creditor's name and mailing address TEST SMARTLY LABS 10630-B METCALF OVERLAND PARK, KS 66212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$109.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.362	Nonpriority creditor's name and mailing address TEVAN, MARINA 424 N KENWOOD ST #2 GLENDALE, CA 91206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$598.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.363	Nonpriority creditor's name and mailing address THE ANNEX EMPLOYMENT TESTING AND WELLNES 120 S FOREST DRIVE CASPER, WY 82609-2239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,656.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.364	Nonpriority creditor's name and mailing address THE CENTER OF INDUSTRIAL REHABILITATION 709 S BROADWAY MCALLEN, TX 78501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.365	Nonpriority creditor's name and mailing address THE CHEMNET CONSORTIUM INC 1302 AVENUE D STE 103 BILLINGS, MT 59102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$279.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.366	Nonpriority creditor's name and mailing address THE LINCOLN NATIONAL LIFE INS CO P O BOX 0821 CAROL STREAM, IL 60132-0821 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$39,881.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.367	Nonpriority creditor's name and mailing address THE TRADE GROUP 1434 PATTON PLACE CARROLLTON, TX 75007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,270.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.368	Nonpriority creditor's name and mailing address THERAPAK LLC 1442 ARROW HIGHWAY BLDG A IRWINDALE, CA 91706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$262,548.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.369	Nonpriority creditor's name and mailing address THERRELL ALARM PROTECTION PO BOX 8055 WACO, TX 76714-8055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$52.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.370	Nonpriority creditor's name and mailing address TPLP OFFICE PARK Angelique Benschneider 8200 Springwood, Ste 240 IRVING, TX 75063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$65,340.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.371	Nonpriority creditor's name and mailing address TRI MEDICAL PLLC 4010 DUPONT CIRCLE LOUISVILLE, KY 40207-4825 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,470.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.372	Nonpriority creditor's name and mailing address TRIALWORKS DON O'LEARY CORAL GABLES, FL 33146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,838.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.373	Nonpriority creditor's name and mailing address TRINITY WORKCARE 4000 JOHNSON ROAD STEUBENVILLE, OH 43952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.374	Nonpriority creditor's name and mailing address TRISTAN MEDICAL OCCUPATIONAL HEALTH 675 PARAMOUNT DRIVE SUITE 203 RAYNHAM, MA 02767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$355.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. Name	Case number (if known) _____
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3.375	Nonpriority creditor's name and mailing address UHS OCCUPATIONAL MEDICINE 33 MITCHELL AVENUE SUITE 204 BINGHAMTON, NY 13903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$75.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.376	Nonpriority creditor's name and mailing address ULINE ACCT RECEIVABLE WAUKEGAN, IL 60085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.377	Nonpriority creditor's name and mailing address UPMC EXPRESS CARE 532 NORTH FRONT STREET WORMLEYSBURG, PA 17043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.378	Nonpriority creditor's name and mailing address UPS LOCKBOX 577 CAROL STREAM, IL 60132-0577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$207,875.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.379	Nonpriority creditor's name and mailing address USA-MDT COMPANY LLC 11016 N DALE MABRY HWY STE 204 TAMPA, FL 33618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$846.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.380	Nonpriority creditor's name and mailing address VECTOR SECURITY INC P O BOX 89462 CLEVELAND, OH 44101-6462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$715.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.381	Nonpriority creditor's name and mailing address VIA CHRISTI OEM NE P O BOX 2865 WICHITA, KS 67201-2865 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Examination Management Services, Inc. <small>Name</small>	Case number (if known) _____
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3.382	Nonpriority creditor's name and mailing address WACO CENTRAL PARK LIMITED P O BOX 429 CHINA SPRING, TX 76633 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,545.81
3.383	Nonpriority creditor's name and mailing address WAP SERVICES INC 800 WEST CUMMINGS PARK SUITE 5225 WOBURN, MA 01801-6356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,425.77
3.384	Nonpriority creditor's name and mailing address WAUSAU EXAM SERVICES PROFILES BRANCH 557 WAUSAU, WI 54403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,286.86
3.385	Nonpriority creditor's name and mailing address WEDGEWOOD INVESTMENT CORPORATION P O BOX 14215 GREENSBORO, NC 27415 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,437.92
3.386	Nonpriority creditor's name and mailing address WELLS FARGO BANK San Francisco, CA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297,010.35
3.387	Nonpriority creditor's name and mailing address WIENHOFF DRUG TESTING INC 5125 N GLENWOOD ST BOISE, ID 83714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.388	Nonpriority creditor's name and mailing address Wilson Management (BJM LLC) 9501 NE 13th Street Clyde Hill, WA 98004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Real Property Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,277.81

Debtor **Examination Management Services, Inc.**
Name

Case number (if known)

3.389	Nonpriority creditor's name and mailing address WINGATE RUSSOTTI SHARPIRO & HALPERIN LLP 420 LEXINGTON AVENUE SUITE 2750 NEW YORK, NY 10170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$433.64
3.390	Nonpriority creditor's name and mailing address WORKFIT MEDICAL CLINIC 1160 CHILI AVENUE, SUITE 200 ROCHESTER, NY 14624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.391	Nonpriority creditor's name and mailing address YOUENS AND DUCHICELA CLINIC 402 YOUENS DR WEIMAR, TX 78962 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.392	Nonpriority creditor's name and mailing address ZYMEWIRE PO BOX 70662 TORONTO, CN M6P 4E7 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$654.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 4,385,707.34
5c.	\$ 4,385,707.34

Fill in this information to identify the case:Debtor name **Examination Management Services, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Office Building Lease dated December 10, 1997, as amended**

State the term remaining _____

List the contract number of any government contract _____

**11717, LLC
BURT STREET PROFESSIONAL BLDG
OMAHA, NE 68154**2.2. State what the contract or lease is for and the nature of the debtor's interest **EMSI Service Agreement dated 07.17.15**

State the term remaining _____

List the contract number of any government contract _____

**5 Star Life Insurance Company
909 North Washington Street
Alexandria, VA 22314**2.3. State what the contract or lease is for and the nature of the debtor's interest **Subcontract No. 49239 dated 04.16.18**

State the term remaining _____

List the contract number of any government contract _____

**Abt Associates Inc.
6130 Executive Blvd.
Rockville, MD 20852**2.4. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 08.31.04**

State the term remaining _____

List the contract number of any government contract _____

**Advanced Medical, Inc.
PO Box 22394
Chattanooga, TN 37422-2394**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement dated 06.25.19**

State the term remaining

List the contract number of any government contract

Affirm Background Screening, Inc.
310 Stuntz Ave.
Suite 101
Ashland, WI 54806

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **MSP Participation Agreement dated 05.14.18**

State the term remaining

List the contract number of any government contract

AIG Procurement Services, Inc.
Two Peach Tree Hill Road
Livingston, NJ 07039

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **Staff Augmentation Services Agreement dated 05.14.18**

State the term remaining

List the contract number of any government contract

AIG Procurement Services, Inc.
80 Pine Street
New York, NY 10005

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 09.29.08**

State the term remaining

List the contract number of any government contract

Alabama Medscreen, Inc.
3321 Lorna Road
Suite 600
Hoover, AL 35216-5499

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 11.17.16**

State the term remaining

List the contract number of any government contract

Alaska Airlines, Inc.
19300 International Blvd.
Seattle, WA 98188

- 2.10. State what the contract or lease is for and the nature of the debtor's interest **Subscription Agreement dated 08.24.16**

State the term remaining

List the contract number of any government contract

American Driving Records, Inc.
2860 Gold Trailing Court
Rancho Cordova, CA 95670

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 03.01.11, as amended**

State the term remaining

List the contract number of any government contract

American General Life Insurance Company
Leigh Hayes
340 Seven Spring Way
Brentwood, TN 34027

2.12. State what the contract or lease is for and the nature of the debtor's interest **Underwriting Solutions Services Agreement dated 04.27.17, as amended**

State the term remaining

List the contract number of any government contract

American National Insurance Company
One Moody Plaza
Galveston, TX 77550

2.13. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 09.02.15, as amended**

State the term remaining

List the contract number of any government contract

American Specimen Collections, LLC
2512 Waterbridge Way
Evansville, IN 47710

2.14. State what the contract or lease is for and the nature of the debtor's interest **Underwriting Solutions Services Agreement dated 03.06.17**

State the term remaining

List the contract number of any government contract

American-Amicable Life Insurance Company of Texas
425 Austin Ave.
Waco, TX 76701

2.15. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 08.26.16, as amended**

State the term remaining

List the contract number of any government contract

Ameritas Life Insurance Corporation
5900 O Street
Lincoln, NE 68510

2.16. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 05.25.17, as amended**

Amica Life Insurance Company
10 Amica Way
Lincoln, RI 02865-1155

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 02.02.13, as amended**

State the term remaining

List the contract number of any government contract

App Medical Services
1955 Shermer Road
Suite 150
Northbrook, IL 60062-5352

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **Applicant Automated Term Life System License Agreement dated 10.13.10; CallComplete Agreement dated 07.21.15**

State the term remaining

List the contract number of any government contract

Applicant, Inc.
6549 Mission Gorge Road
San Diego, CA 92120-2306

- 2.19. State what the contract or lease is for and the nature of the debtor's interest **Limited License Agreement dated 01.20.19**

State the term remaining

List the contract number of any government contract

Assured Medical Exams, LLCX
1217 S. Wellington Ct.
Buffalo Grove, IL 60089

- 2.20. State what the contract or lease is for and the nature of the debtor's interest **Master Agreement #325461, Contract Nos. 8727317, 8680, 8353547, 7344296, as amended**

State the term remaining

List the contract number of any government contract

AT&T
712 E. Huntland Drive
Austin, TX 78762

- 2.21. State what the contract or lease is for and the nature of the debtor's interest **Master Agreement #325461, Contract Nos. 8727317, 8680, 8353547, 7344296, as amended**

State the term remaining

AT&T
One AT&T Way
Bedminster, NJ 07921-9752

Debtor 1 **Examination Management Services, Inc.**

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

- 2.22. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 01.22.16, as amended**

State the term remaining

List the contract number of any government contract

Auto-Owners Life Insurance Company
PO Box 30660
Lansing, MI 48909-8160

- 2.23. State what the contract or lease is for and the nature of the debtor's interest **Subscriber Agreement for Tax Return Verification Services dated 07.26.17, as amended**

State the term remaining

List the contract number of any government contract

AXA Equitable Life Insurance Company
8501 IMB Drive
Suite 150
Charlotte, NC 28262

- 2.24. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 04.01.12**

State the term remaining

List the contract number of any government contract

AXA Equitable Life Insurance Company
General Counsel
1290 Avenue of the Americas
New York, NY 10104

- 2.25. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 07.28.02**

State the term remaining

List the contract number of any government contract

B.R. Medtests, Inc.
5239 W. Fayetteville Rd.
College Park, GA 30349

- 2.26. State what the contract or lease is for and the nature of the debtor's interest **Bay West Center Lease dated December 7, 2015, as amended**

State the term remaining

List the contract number of any government contract

Bay West Tampa Investors, LLC
770 Township Line Road
Suite 150
Yardley, PA 19067

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.27. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated 03.01.01, as amended

State the term remaining

List the contract number of any government contract

**Bi-State Professional Services, Inc.
17838 Chesterfield Airport Rd.
Chesterfield, MO 63005-1216**

2.28. State what the contract or lease is for and the nature of the debtor's interest

Office Lease dated December 8, 2006, as amended

State the term remaining

List the contract number of any government contract

**BJM LLC
9501 NE 13TH ST
Clyde Hill, WA 98004**

2.29. State what the contract or lease is for and the nature of the debtor's interest

RailMarketplace Inc. Agreement dated 06.01.10; Collection Services Agreement dated 11.01.10

State the term remaining

List the contract number of any government contract

**BNSF Railway Company
Director Drug & Alcohol Testing
2600 Lou Menck Drive
Fort Worth, TX 76131**

2.30. State what the contract or lease is for and the nature of the debtor's interest

Office Building Lease Agreement dated August 1, 2017, as amended

State the term remaining

List the contract number of any government contract

**Brass Centerview 2016, LLC
10010 San Pedro, Suite 105
San Antonio, TX 78216**

2.31. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement dated 09.23.11, as amended

State the term remaining

List the contract number of any government contract

**Brigham and Women's Hospital
900 Commonwealth Avenue
Boston, MA 02215**

2.32. State what the contract or lease is for and the nature of the debtor's interest

Standard Office Lease dated January 3, 2013

State the term remaining

**Brookmat Corp.
c/o Ardenbrook, Inc., Agent
4725 Thornton Avenue
Fremont, CA 94536-6408**

Debtor 1 **Examination Management Services, Inc.**

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

- 2.33. State what the contract or lease is for and the nature of the debtor's interest **Lease dated December 5, 2016**

State the term remaining

List the contract number of any government contract

Causeway Partners L.L.C.
Regions Bank Building, Suite 1040
3525 North Causeway Blvd.
Metairie, LA 70002

- 2.34. State what the contract or lease is for and the nature of the debtor's interest **Microsoft SIEM Deployment Support program dated 02.10.17**

State the term remaining

List the contract number of any government contract

CDW Direct, LLC
200 N. Milwaukee Ave.
Vernon Hills, IL 60601

- 2.35. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 01.24.12**

State the term remaining

List the contract number of any government contract

Central Alabama Paramedical Services, LLC
4208 Carmichael Court North
Montgomery, AL 36106-3621

- 2.36. State what the contract or lease is for and the nature of the debtor's interest **CenturyLink Total Advantage Agreement or Qwest Total Advantage Agreement, Contract IDs 844901, 849869, 850364, 851968, 859754, 863330, 1020885, as amended**

State the term remaining

List the contract number of any government contract

CenturyLink Communications, LLC
931 14th Street, #900
Denver, CO 80202

- 2.37. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 03.31.17**

State the term remaining

List the contract number of any government contract

Ceridian HCM, Inc.
3311 E. Old Shakopee Rd.
Minneapolis, MN 55425-1361

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.38. State what the contract or lease is for and the nature of the debtor's interest

Lease Agreement dated May 30, 2008, as amended

State the term remaining

List the contract number of any government contract

Charles J. Colby & Ruth
Colby Trust Number 2
Colby Management Co.
6581 University Ave.
Windsor Heights, IA 50324

2.39. State what the contract or lease is for and the nature of the debtor's interest

Ethernet Service Level Agreement, Spectrum Enterprise Service Agreement dated 01.19.18

State the term remaining

List the contract number of any government contract

Charter Communications Operating LLC
6524 Manchester Avenue
St. Louis, MO 63139

2.40. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated 11.19.18

State the term remaining

List the contract number of any government contract

Christine Ross
Five Eight Eight Two, Inc.
1014 Ravine Terrace
St. Johns, FL 32259

2.41. State what the contract or lease is for and the nature of the debtor's interest

Master Services Agreement dated 05.03.13, as amended; Laboratory Services Agreement dated 02.04.15

State the term remaining

List the contract number of any government contract

Clinical Reference Laboratory, Inc.
8433 Quivira Road
Lenexa, KS 66215

2.42. State what the contract or lease is for and the nature of the debtor's interest

Office Lease dated February 15, 2011

State the term remaining

List the contract number of any government contract

Cohen Southwind GP
6750 Poplar Ave Ste 107
MEMPHIS, TN 38138-7407

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.43. State what the contract or lease is for and the nature of the debtor's interest

**Specimen Collection
Service Terms &
Conditions dated
01.24.12, as amended**

State the term remaining

List the contract number of any government contract

**Comprehensive Drug Testing, Inc.
4510 E. Pacific Coast Hwy
Long Beach, CA 90804**

2.44. State what the contract or lease is for and the nature of the debtor's interest

**MSP Participation
Agreement dated
05.14.18**

State the term remaining

List the contract number of any government contract

**COMSYS Information Technology
Services LLC
dba TAPFIN Process Solutions
4400 Post Oak Parkway, Ste 1800
Houston, TX 77027**

2.45. State what the contract or lease is for and the nature of the debtor's interest

**Lease dated March 15,
2007, as amended**

State the term remaining

List the contract number of any government contract

**Conrad T. Brickman
dba Aviation Road Properties
21 Computer Drive East
Albany, NY 12205**

2.46. State what the contract or lease is for and the nature of the debtor's interest

**Independent Contractor
Agreement dated
01.21.98**

State the term remaining

List the contract number of any government contract

**Consolidated Health Services, Inc.
Kathy McNight
4 Carriage Lane
Charlotte, SC 29407**

2.47. State what the contract or lease is for and the nature of the debtor's interest

**Services Contract
dated 05.01.17**

State the term remaining

List the contract number of any government contract

**Consolidated Rail Corporation
Three Commercial Place
Norfolk, VA 23510-2191**

2.48. State what the contract or lease is for and the nature of the debtor's interest

**Lease Agreement dated
March 22, 2018**

State the term remaining

List the contract number of any government contract

**Coursey Condos, LLC
Mike Falgoust & Associates LLC
10202 Jefferson Hwy
Bldg. C
Baton Rouge, LA 70809**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.49. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Third Party Serum
Sample Processing
Agreement dated
11.02.13****Crescendo Bioscience, Inc.
341 Oyster Point Blvd.
So. San Francisco, CA 94080**

2.50. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Lease Agreement dated
January 2013****Crestwood Business Center LLC
C/O AL ANGELO COMPANY
400 E Mill Plain Blvd
VANCOUVER, WA 98660**

2.51. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Lease Agreement dated
September 15, 2009, as
amended****Crown Road Holdings, LP
PO Box 631191
Irving, TX 75063**

2.52. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Service Provider
Agreement dated
03.29.07, as amended****Crump Life Insurance Services, Inc.
389 Interpace Parkway
4th Floor
Parsippany, NJ 07054**

2.53. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Resale Agreement
dated 06.06.08****CSC Credit Services, Inc.
14 Orchard Road
Suite 200
Lake Forest, CA 92787**

2.54. State what the contract or lease is for and the nature of the debtor's interest

**Payment Agreement
dated 09.13.19****Dell Financial Services L.L.C.
One Dell Way
Round Rock, TX 78682**

Debtor 1 **Examination Management Services, Inc.**

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

- 2.55. State what the contract or lease is for and the nature of the debtor's interest **Master Rental Agreement dated 08.01.16**

State the term remaining

List the contract number of any government contract

**Document Mountain
by Cornerstone
PO Box 215
Kirkin, IN 46050**

- 2.56. State what the contract or lease is for and the nature of the debtor's interest **DocuSign Signature Agreement dated 04.01.19**

State the term remaining

List the contract number of any government contract

**DocuSign, Inc.
221 Main Street, Suite 1000
San Francisco, CA 94105**

- 2.57. State what the contract or lease is for and the nature of the debtor's interest **Employer Services - Workplace House Account Agreement dated 06.22.15**

State the term remaining

List the contract number of any government contract

**Drug Free Sport
2537 Madison Ave.
Kansas City, MO 64108**

- 2.58. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 02.08.08**

State the term remaining

List the contract number of any government contract

**Dunrite Occupational Services, Inc.
Roderick E. Slaughter
2056 Oakman Blvd.
Detroit, MI 48238**

- 2.59. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement - Reseller dated 01.13.20**

State the term remaining

List the contract number of any government contract

**Employment Background
Investigations, Inc.
PO Box 629
Owings Mills, MD 21117**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.60. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated 07.24.04

State the term remaining

List the contract number of any government contract

**EMSI Hawaii, Inc.
1188 Bishop Street
Suite 3408
Honolulu, HI 96813**

2.61. State what the contract or lease is for and the nature of the debtor's interest

Master Agreement for Services dated 03.01.18, as amended

State the term remaining

List the contract number of any government contract

**eNoah iSolutions, Inc.
Manoj Sherman
2955 E. Hillcrest Drive
Suite 124
Westlake Village, CA 91362**

2.62. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated 11.01.16, as amended

State the term remaining

List the contract number of any government contract

**EppTech/Pioneer Resting, LLC
111 S. Jefferson
Suite 145
Casper, WY 82601**

2.63. State what the contract or lease is for and the nature of the debtor's interest

Breach Services Agreement dated 01.13.16

State the term remaining

List the contract number of any government contract

**Equifax Consumer Services LLC
1550 Peachtree Street
Atlanta, GA 30039**

2.64. State what the contract or lease is for and the nature of the debtor's interest

Information Services Agreement dated 10.21.16, as amended

State the term remaining

List the contract number of any government contract

**Erie Family Life Insurance Company
General Counsel
100 Erie Insurance Place
Erie, PA 16530**

Debtor 1 **Examination Management Services, Inc.**

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.65. State what the contract or lease is for and the nature of the debtor's interest

**Employer Services -
Workplace House
Account Agreement
dated 04.01.15;
Comprehensive
Services Agreement
dated 09.30.03, as
amended**

State the term remaining

List the contract number of any government contract

**eScreen, Inc.
7500 W. 110th
Suite 500
Overland Park, KS 66210**

2.66. State what the contract or lease is for and the nature of the debtor's interest

**Independent Contractor
Agreement dated
07.26.14**

State the term remaining

List the contract number of any government contract

**Exam ASAP, LLC
2000 S IH 35 #Q8B
Round Rock, TX 78681**

2.67. State what the contract or lease is for and the nature of the debtor's interest

**Independent Contractor
Agreement dated
02.25.15**

State the term remaining

List the contract number of any government contract

**Exam Corp.
George Kouriabalis
9801 West Higgins Road
Suite 100
Rosemont, IL 60018**

2.68. State what the contract or lease is for and the nature of the debtor's interest

**Independent Contractor
Agreement dated
02.18.08**

State the term remaining

List the contract number of any government contract

**Exam Services of Central California
8818 Commodity Circle #41
Orlando, FL 32819**

2.69. State what the contract or lease is for and the nature of the debtor's interest

**Independent Contractor
Agreement dated
06.30.11**

State the term remaining

List the contract number of any government contract

**Exams Express Inc.
3317 W. 9th Street
Suite 103
Evergreen Park, IL 60805**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.70. State what the contract or lease is for and the nature of the debtor's interest **Agreement dated 01.26.94**

State the term remaining

List the contract number of any government contract

**Exxon Company, USA
Post Office Box 4692
Houston, TX 77210-4692**

2.71. State what the contract or lease is for and the nature of the debtor's interest **Standard Procurement Agreement for Downstream/Chemical Goods and Services dated 01.01.12, as amended**

State the term remaining

List the contract number of any government contract

**ExxonMobil Global Services Company
Business Support Ctr Argentina S.R.L
C.M. Della Paollera 265
Buenos Aires
Argentina 01001**

2.72. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 09.09.15, as amended**

State the term remaining

List the contract number of any government contract

**Farm Bureau Life Insurance
Company of Michigan
7373 W. Saginaw Hwy
Lansing, MI 48909**

2.73. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 12.22.16**

State the term remaining

List the contract number of any government contract

**Farmers New World Life Insurance Company
Farmers Group Inc.
6301 Owensmouth Ave.
Woodland Hills, CA 91367**

2.74. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 12.15.10, as amended**

State the term remaining

List the contract number of any government contract

**Fidelity & Guaranty Life
Insurance Company
2 Ruan Center
601 Locust Street, 14th Flr.
Des Moines, IA 50309**

2.75. State what the contract or lease is for and the nature of the debtor's interest **Fieldprint Station Enterprise Services Agreement dated 09.01.14**

State the term remaining

**Fieldprint, Inc.
400 Lippincott Drive
Suite 115
Marlton, NJ 08053**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.76. State what the contract or lease is for and the nature of the debtor's interest

**Health Services
Division-Workplace
Services Agreement
dated 04.01.20, as
amended**

State the term remaining

List the contract number of any government contract

**First Advantage LNS Occupational
Health Solutions, Inc.
1000 Alderman Dr.
Alpharetta, GA 30005**

2.77. State what the contract or lease is for and the nature of the debtor's interest

**Independent Contractor
Agreement dated
01.04.19**

State the term remaining

List the contract number of any government contract

**First Choice Testing Centers LLC
Robert Browning
9080 Barbee Lane
Suite 102
Knoxville, TN 37923**

2.78. State what the contract or lease is for and the nature of the debtor's interest

**Independent Contractor
Agreement dated
12.06.01**

State the term remaining

List the contract number of any government contract

**First Class Examination Services
19425 Soledad Canyon Road #B184
Canyon Country, CA 91351**

2.79. State what the contract or lease is for and the nature of the debtor's interest

**Subcontract No. 30081
dated 04.01.15**

State the term remaining

List the contract number of any government contract

**Forensic Drug & Alcohol Testing, LLC
14150 Parkeast Circle
Suite 130
Chantilly, VA 20151**

2.80. State what the contract or lease is for and the nature of the debtor's interest

**Lease Agreement dated
September 12, 2014, as
amended**

State the term remaining

List the contract number of any government contract

**FRANZ FAMILY PROPERTIES LLC
3550 HAMPSHIRE AVENUE NORTH
CRYSTAL, MN 55427**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.81. State what the contract or lease is for and the nature of the debtor's interest **Services Agreement dated 07.07.17**

State the term remaining

List the contract number of any government contract

Fred Hutchinson Cancer Research Center
1100 Fairway Ave. N.
Seattle, WA 98109

- 2.82. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 09.01.15, as amended**

State the term remaining

List the contract number of any government contract

Freedom Life Insurance
Company of America
300 Burnett Street
Suite 200
Ft. Worth, TX 76102-2734

- 2.83. State what the contract or lease is for and the nature of the debtor's interest **Employer Services - Workplace Per Specimen Agreement dated 08.22.16, as amended**

State the term remaining

List the contract number of any government contract

Frontier Airlines
7001 Tower Road
Denver, CO 80249

- 2.84. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement dated 04.25.03, as amended**

State the term remaining

List the contract number of any government contract

FSSolutions
100 Highpoint Drive
Suite 102
Chalfont, PA 18914

- 2.85. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 07.01.11**

State the term remaining

List the contract number of any government contract

FTL Paramedical, LLC
424 Central Street
Leominster, MA 01453

- 2.86. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 10.01.07, as amended**

State the term remaining

Genworth North America Corporation
6620 West Broad Street
Richmond, VA 23230

Debtor 1 **Examination Management Services, Inc.**

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.87. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 12.06.13, as amended**

State the term remaining

List the contract number of any government contract

Genzyme Corporation
500 Kendall Street
Cambridge, MA 02142

2.88. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 06.01.02, as amended**

State the term remaining

List the contract number of any government contract

Geocel Enterprises, Inc.
3470 Wilshire Blvd.
Suite 1003
Los Angeles, CA 90010-2391

2.89. State what the contract or lease is for and the nature of the debtor's interest **Underwriting Solutions Service Agreement dated 03.03.18, as amended; Master Services Agreement dated 09.01.14**

State the term remaining

List the contract number of any government contract

Government Personnel Mutual
Life Insurance Company
2211 NE Loop 410
San Antonio, TX 78217

2.90. State what the contract or lease is for and the nature of the debtor's interest **Examination Services Agreement dated 02.01.15, as amended**

State the term remaining

List the contract number of any government contract

Hartford Fire Insurance Company
One Hartford Plaza
Hartford, CT 06155

2.91. State what the contract or lease is for and the nature of the debtor's interest **Lease dated June 8, 2018, as amended**

State the term remaining

List the contract number of any government contract

Heritage Place LLC
4500 HUGH HOWELL ROAD SUITE 780
TUCKER, GA 30084

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.92. State what the contract or lease is for and the nature of the debtor's interest **Office Lease dated October 24, 2002, as amended**

State the term remaining

List the contract number of any government contract

Highwoods Realty Limited Partnership
P O BOX 100488
ATLANTA, GA 30384-0488

- 2.93. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement dated 08.01.16**

State the term remaining

List the contract number of any government contract

Hitachi Data System Credit Corporation
2825 Lafayette Street
Bldg. 34
Santa Clara, CA 95050

- 2.94. State what the contract or lease is for and the nature of the debtor's interest **Third Party Disclosure Agreement dated 04.20.09**

State the term remaining

List the contract number of any government contract

HM Life Insurance Company
120 5th avenue
Suite 111
Pittsburgh, PA 15222-3004

- 2.95. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement dated January 15, 2016**

State the term remaining

List the contract number of any government contract

HND Enterprise
4017 W. Martin Luther King Jr. Blvd.
Tampa, FL 33614

- 2.96. State what the contract or lease is for and the nature of the debtor's interest **Executive Search Agreement dated 08.06.19**

State the term remaining

List the contract number of any government contract

Horton International
20 Church Street
Hartford, CT 06103

- 2.97. State what the contract or lease is for and the nature of the debtor's interest **Lease dated September 30-, 2020, as amended**

State the term remaining

List the contract number of any government contract

HUDSON VENTURES LP
2000 SPROUL ROAD
BROOMALL, PA 19008

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.98. State what the contract or lease is for and the nature of the debtor's interest

Transaction Finance Agreement dated 11.30.16

State the term remaining

List the contract number of any government contract

**IBM Credit LLC
7100 Highlands Parkway
Smyrna, GA 30082**

2.99. State what the contract or lease is for and the nature of the debtor's interest

Subcontract Agreement dated 10.01.11, as amended

State the term remaining

List the contract number of any government contract

**Idemia Identity & Security USA, LLC
296 Concord Road
Suite 300
Billerica, MA 01821**

2.100. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated 01.01.13

State the term remaining

List the contract number of any government contract

**J.E.M. Testing, Inc.
3900 NW 79th Ave.
Bldg. 4, Suite 417
Miami, FL 33166**

2.101. State what the contract or lease is for and the nature of the debtor's interest

Health Services Division-Workplace Services Agreement dated 07.30.07

State the term remaining

List the contract number of any government contract

**J.J. Keller & Associates, Inc.
PO Box 368
West Breezewood
Neenah, WI 54957-0368**

2.102. State what the contract or lease is for and the nature of the debtor's interest

Lease Agreement dated July 20, 2005, as amended

State the term remaining

List the contract number of any government contract

**Javed Venture Holdings, LLC
85 I-10 North
Suite 109
Beaumont, TX 77707**

2.103. State what the contract or lease is for and the nature of the debtor's interest

General Terms Agreement for Specimen Collection Services dated 08.14.17**Jetblue Airways Corporation
27-01 Queens Plaza North
Long Island City, NY 11101**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

- 2.104. State what the contract or lease is for and the nature of the debtor's interest **Agreement dated 02.06.20**

State the term remaining

List the contract number of any government contract

JFK International Air Terminal LLC
Terminal 4
JFK International Airport
Jamaica, NY 11430

- 2.105. State what the contract or lease is for and the nature of the debtor's interest **Subscriber Agreement for Tax Return Verification Services dated 08.07.17; Managed Services Agreement dated 12.01.15, as amended**

State the term remaining

List the contract number of any government contract

John Hancock Life Insurance Company
197 Clarendon Street
Boston, MA 02216

- 2.106. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 12.01.05, as amended**

State the term remaining

List the contract number of any government contract

JTD Services, Inc.
15770 N. Dallas Parkway
Suite 300
Dallas, TX 75248

- 2.107. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 05.30.18, as amended**

State the term remaining

List the contract number of any government contract

Kemper Corporate Services, Inc.
200 East Randolph Street
Chicago, IL 60601

- 2.108. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement dated January 31, 2019, as amended**

State the term remaining

List the contract number of any government contract

Kemper Fairfield, LLC
9450 W BRYAN MAWR STE 750
ROSEMONT, IL 60018

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.109. State what the contract or lease is for and the nature of the debtor's interest **Office Lease dated 11.10.05, as amended**

State the term remaining

List the contract number of any government contract

**Kinasha Corporation, N.V.
c/o Regency Centers, Inc.
121 West Forsyth Street
Suite 200
Jacksonville, FL 32202**

2.110. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 10.26.16, as amended**

State the term remaining

List the contract number of any government contract

**Knights of Columbus Insurance Company
Underwriting Dept.
1 Columbus Plaza
New Haven, CT 06507**

2.111. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 10.31.07**

State the term remaining

List the contract number of any government contract

**L&L Exams Plus, Inc.
130 N. Evergreen Road
Suite 203
Louisville, KY 40243**

2.112. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement dated 06.30.99**

State the term remaining

List the contract number of any government contract

**Laboratory Corporation
of America Holdings
500 Perimeter Park
Suite C
Morrisville, NC 27560**

2.113. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement dated January 2010, as amended**

State the term remaining

List the contract number of any government contract

**Lakeside Center LLC
8823 SAN JOSE BLVD, SUITE 101
JACKSONVILLE, FL 32217**

2.114. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 11.17.08, as amended**

State the term remaining

**Legal and General America, Inc.
3275 Bennett Creek Avenue
Frederick, MD 21704**

Debtor 1 **Examination Management Services, Inc.**

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.115. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Professional Services
Work Order - Crump
Protective-Multiple
Agents****Lincoln Financial Group
100 N. Green Street
Greensboro, NC 27401**

2.116. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Independent Contractor
Agreement dated
06.12.15****LT Exams, Inc.
dba Medicexams
549 Chaucer Way
Stockbridge, GA 30281**

2.117. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Standard Multi-Tenant
Office Lease - Gross
dated July 17, 2013****Lucas Living Trust Dated 01/18/95
c/o Slip Management System, Inc.
11949 W. Jefferson Blvd., Ste 101
Culver City, CA 90230**

2.118. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Subscriber Agreement
for Tax Return
Verification Services
dated 06.01.17 as
amended; Master
Underwriting Services
Agreement dated
01.01.10, as amended****Massachusetts Mutual Life
Insurance Company
1295 State Street
Springfield, MA 01111**

2.119. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Independent Contractor
Agreement dated
09.28.04****Med-Ex Exams PR, Inc.
5 G-4 Avenida Sanchez Osorio
Villa Fontana
Catano, PR 00963**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.120. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 11.04.03, as amended**

State the term remaining

List the contract number of any government contract

**Med-Ex Paramedical, Inc.
925 East Executive Park Dr.
Suite C
Salt Lake City, UT 84117-3544**

2.121. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 01.23.11**

State the term remaining

List the contract number of any government contract

**MediTest of Maine, Inc.
545 Main Street
Waterboro, ME 04087**

2.122. State what the contract or lease is for and the nature of the debtor's interest **Limited License Agreement dated 11.19.18**

State the term remaining

List the contract number of any government contract

**Medphysicals Plus, LLC
4141 B Street
Suite 210
Anchorage, AK 99503**

2.123. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 01.23.11**

State the term remaining

List the contract number of any government contract

**MedTest of Maine, Inc.
545 Main Street
Waterboro, ME 04087**

2.124. State what the contract or lease is for and the nature of the debtor's interest **Amended and Restated Master Services Agreement dated 09.02.14, as amended**

State the term remaining

List the contract number of any government contract

**Metropolitan Life Insurance Company
Chief Procurement Officer
277 Park Avenue
New York, NY 10172-2900**

2.125. State what the contract or lease is for and the nature of the debtor's interest **Enterprise Agreement - Volume Licensing dated 03.05.18**

State the term remaining

**Microsoft Corporation
Dept. 551, Volume Licensing
6100 Neil Road
Suite 210
Reno, NV 89511-1137**

Debtor 1 **Examination Management Services, Inc.**

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.126. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 04.24.14**

State the term remaining

List the contract number of any government contract

Midland Health Testing Services, Inc.
12855 Lisbon Road
Brookfield, WI 53005

2.127. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 05.18.17**

State the term remaining

List the contract number of any government contract

Mobile Medic Health Services, LLC
Linda Snyder
834 Assembly Court
Reunion, FL 34707

2.128. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 07.26.26, as amended**

State the term remaining

List the contract number of any government contract

Modern Woodmen of America
1701 first Ave.
Rock Island, IL 61201-8779

2.129. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 04.13.18, as amended**

State the term remaining

List the contract number of any government contract

Motus
Two Financial Center
Boston, MA 02111

2.130. State what the contract or lease is for and the nature of the debtor's interest **Paramedical Services Agreement dated 06.01.09, as amended**

State the term remaining

List the contract number of any government contract

Mutual Of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.131. State what the contract or lease is for and the nature of the debtor's interest

Subscriber Agreement for Tax Return Verification Services dated 12.04.01, as amended

State the term remaining

List the contract number of any government contract

**National Credit-reporting System, Inc.
300 Philadelphia Ave.
Egg Harbor City, NJ 08215**

2.132. State what the contract or lease is for and the nature of the debtor's interest

Service Agreement dated 12.12.97, as amended

State the term remaining

List the contract number of any government contract

**National Diagnostics
2701 Coltsgate Road
Suite 1003
Charlotte, NC 28211**

2.133. State what the contract or lease is for and the nature of the debtor's interest

Information Services Agreement dated 07.19.16

State the term remaining

List the contract number of any government contract

**National Health Insurance Company
4455 LBJ Freeway
Suite 375
Dallas, TX 75244**

2.134. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated 12.31.07

State the term remaining

List the contract number of any government contract

**New England DNA, Inc.
2257 Silas Deane Hwy
Rocky Hill, CT 06067**

2.135. State what the contract or lease is for and the nature of the debtor's interest

Subscriber Agreement for Tax Return Verification Services dated 04.01.13, as amended; Master Agreement for Services dated 08.01.12, as amended

State the term remaining

List the contract number of any government contract

**New York Life Insurance Company
51 Madison Avenue
New York, NY 10010**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.136. State what the contract or lease is for and the nature of the debtor's interest **Services Contract dated 05.01.17**

State the term remaining

List the contract number of any government contract

Norfolk Southern Railway Company
Three Commercial Place
Norfolk, VA 23510

- 2.137. State what the contract or lease is for and the nature of the debtor's interest **Agreement for Services dated 04.01.13, as amended**

State the term remaining

List the contract number of any government contract

North American Training Group
9030 Bellhurst Way #124
West Palm Beach, FL 33411

- 2.138. State what the contract or lease is for and the nature of the debtor's interest **Master Agreement for Services dated 12.19.14, as amended**

State the term remaining

List the contract number of any government contract

Northwestern Mutual Life Insurance Company
720 East Wisconsin Avenue
Milwaukee, WI 53202

- 2.139. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 10.03.01, as amended**

State the term remaining

List the contract number of any government contract

O'Neill Enterprises, Inc.
820 East Blvd., Suite 818
Charlotte, NC 28203

- 2.140. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 03.01.12**

State the term remaining

List the contract number of any government contract

Occupational Safety Services, Inc.
1707 Hilver Robinson Industrial Parkway
Oxford, AL 36203-1352

- 2.141. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 01.01.14, as amended**

State the term remaining

List the contract number of any government contract

Ohio National Life Insurance Company
One Financial Way
Cincinnati, OH 45242

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.142. State what the contract or lease is for and the nature of the debtor's interest

Information Services Agreement dated 09.07.16, as amended

State the term remaining

List the contract number of any government contract

**Pacific Life Insurance Company
45 Enterprise
Aliso Viejo, CA 92656**

2.143. State what the contract or lease is for and the nature of the debtor's interest

Standard Industrial/Commercial Multi-Tenant Lease - Gross dated September 18, 2018

State the term remaining

List the contract number of any government contract

**Pajama Properties, LLC
Julian Piccioni
4255 Ruffin Road, Ste 300
San Diego, CA 92123**

2.144. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated 05.01.13

State the term remaining

List the contract number of any government contract

**Paramedical Exams, LLC
232 Providence HWY
Westwood, MA 02090**

2.145. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated 03.05.03, as amended

State the term remaining

List the contract number of any government contract

**Paramedical Services of Virginia, Inc.
133 Business Park Drive
Suite 105
Virginia Beach, VA 23462**

2.146. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated 09.01.98

State the term remaining

List the contract number of any government contract

**Pelz Paramedical
823 Airport North Office Park
Ft. Wayne, IN 46825**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.147. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated 01.13.03, as amended

State the term remaining

List the contract number of any government contract

**Physical Evaluation Services, Inc.
4707 Armour Road
Columbus, GA 31904-5228**

- 2.148. State what the contract or lease is for and the nature of the debtor's interest

Contract dated 11.26.84

State the term remaining

List the contract number of any government contract

**Physically Speaking, Inc.
Brian E. Schmidt
3089 Bay Lending Drive
Westlake Village, OH 44145**

- 2.149. State what the contract or lease is for and the nature of the debtor's interest

Limited License Agreement dated 06.09.15

State the term remaining

List the contract number of any government contract

**Physicians Insurance
Services of Illinois
Insurance Exam Services
125 South Wacker Drive, Ste 300
Chicago, IL 60606**

- 2.150. State what the contract or lease is for and the nature of the debtor's interest

Limited License Agreement dated 09.03.13

State the term remaining

List the contract number of any government contract

**PMD Service, Inc.
2421 Vista Nobleza
Newport Beach, CA 92660**

- 2.151. State what the contract or lease is for and the nature of the debtor's interest

Annual Service

State the term remaining

List the contract number of any government contract

**Power Plus
5500 E. La Palma Ave.
Anaheim, CA 92807**

- 2.152. State what the contract or lease is for and the nature of the debtor's interest

Limited License Agreement dated 09.20.16

State the term remaining

List the contract number of any government contract

**PPN Paramedical Company, Inc.
5246 Mission Street
San Francisco, CA 94112**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.153. State what the contract or lease is for and the nature of the debtor's interest

Limited License Agreement dated 02.09.14

State the term remaining

List the contract number of any government contract

**Premier Exams
Tracy Astorino
17003 Patterson Drive
Omaha, NE 68135**

2.154. State what the contract or lease is for and the nature of the debtor's interest

Information Services Agreement dated 09.18.14, as amended

State the term remaining

List the contract number of any government contract

**Primerica Life Insurance Company
1 Primerica Parkway
Duluth, GA 30099**

2.155. State what the contract or lease is for and the nature of the debtor's interest

Master Services Agreement dated 06.03.02

State the term remaining

List the contract number of any government contract

**Principal Financial Group
711 High Street
Des Moines, IA 50392-4820**

2.156. State what the contract or lease is for and the nature of the debtor's interest

Professional Services Work Order - Crump Protective-Multiple Agents

State the term remaining

List the contract number of any government contract

**Principal Life Insurance Company
600 Vine Street
Suite 1800
Cincinnati, OH 45202**

2.157. State what the contract or lease is for and the nature of the debtor's interest

Information Services Agreement dated 11.08.13, as amended

State the term remaining

List the contract number of any government contract

**Protective Life Insurance Company
2801 Highway 280 South
Birmingham, AL 35223**

2.158. State what the contract or lease is for and the nature of the debtor's interest

Software as a Service and Monitoring Agreement dated 05.12.15**Provider Trust, Inc.
2300 Charlotte Ave #104
Nashville, TN 37203**

Debtor 1 **Examination Management Services, Inc.**

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

- 2.159. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 03.24.18**

State the term remaining

List the contract number of any government contract

**Provisions Health Services
Amy Schlosser
N492 Cty Rd D
Eau Galle, WI 54737**

- 2.160. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 03.24.18**

State the term remaining

List the contract number of any government contract

**Provisions Health Services
Gwen Sweeney
N 6366 Lamphere Road
Arkansaw, WI 54721**

- 2.161. State what the contract or lease is for and the nature of the debtor's interest **Business Complex Lease dated June 9, 2004, as amended**

State the term remaining

List the contract number of any government contract

**PS Business Parks, L.P.
701 Western Avenue
Glendale, CA 91201**

- 2.162. State what the contract or lease is for and the nature of the debtor's interest **Specimen Collection Service Agreement dated 12.08.03, as amended**

State the term remaining

List the contract number of any government contract

**Quest Diagnostics, Incorporated
1201 S. Collegeville Road
CV3035
Collegeville, PA 19426**

- 2.163. State what the contract or lease is for and the nature of the debtor's interest **Consultant Agreement dated 08.29.18**

State the term remaining

List the contract number of any government contract

**Reveel, LLC
4521 Campus Drive
Suite 400
Irvine, CA 92612**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.164. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 10.01.18, as amended**

State the term remaining

List the contract number of any government contract

**Richo USA, Inc.
70 Valley Stream Parkway
Malvern, PA 19355-1453**

2.165. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 03.12.09, as amended**

State the term remaining

List the contract number of any government contract

**Riversource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

2.166. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 05.08.06, as amended**

State the term remaining

List the contract number of any government contract

**Roman Centurion Corp.
dba STAT Ins. Medical Svcs.
417 Higwatha Drive
Buffalo Grove, IL 60089**

2.167. State what the contract or lease is for and the nature of the debtor's interest **Lease dated October 19, 2009, as amended**

State the term remaining

List the contract number of any government contract

**RREEF America REIT II Corp. VVV
7900 Tysons One Place
Suite 600
McLean, VA 22102-5979**

2.168. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 04.21.16**

State the term remaining

List the contract number of any government contract

**RSM US LLP
801 Nicollet Mall
West Tower, Suite 1100
Minneapolis, MN 55402**

2.169. State what the contract or lease is for and the nature of the debtor's interest **Agreement of Lease dated August 7, 2013**

State the term remaining

List the contract number of any government contract

**RVC Associates L.P.
286 Madison Avenue, 12th Flr.
New York, NY 10017**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.170. State what the contract or lease is for and the nature of the debtor's interest **Paramedical Services Agreement dated 08.01.09, as amended**

State the term remaining

List the contract number of any government contract

Sammons Financial Group, Inc.
4601 Westown Parkway, Suite 300
Des Moines, IA 50266

- 2.171. State what the contract or lease is for and the nature of the debtor's interest **Underwriting Solutions Service Agreement dated 02.04.13, as amended**

State the term remaining

List the contract number of any government contract

Savings Bank Mutual Life Insurance Company of Massachusetts
1 Linscott Rd.
Woburn, MA 01801-2001

- 2.172. State what the contract or lease is for and the nature of the debtor's interest **Services Agreement dated 04.05.17**

State the term remaining

List the contract number of any government contract

Securian Financial Group, Inc.
400 Robert Street
St. Paul, MN 55101

- 2.173. State what the contract or lease is for and the nature of the debtor's interest **Limited License Agreement dated 01.06.15**

State the term remaining

List the contract number of any government contract

Sierra Screening Services
Karen Balter
2641 Brentwood Dr.
Carson City, NV 87901

- 2.174. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 03.13.13, as amended**

State the term remaining

List the contract number of any government contract

Soko United Corp.
Shawn O'Neill
566 E. Lambert Road
Brea, CA 92821-4116

- 2.175. State what the contract or lease is for and the nature of the debtor's interest **Services Agreement dated 11.01.15, as amended**

Southwest Airlines Co.
2702 Love Field Drive
Dallas, TX 75235

Debtor 1 **Examination Management Services, Inc.**

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

- 2.176. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 03.01.11, as amended**

State the term remaining

List the contract number of any government contract

Southwest Medical Solutions, LLC
5533 W. 109th Street
Suite 101
Oak Lawn, IL 60453-5058

- 2.177. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 01.11.16**

State the term remaining

List the contract number of any government contract

Spencer Health Solutions, LLC
820 East Blvd., Suite 818
Charlotte, NC 28203

- 2.178. State what the contract or lease is for and the nature of the debtor's interest **Lease dated June 23, 2005, as amended**

State the term remaining

List the contract number of any government contract

St. Johns Properties, Inc.
P O BOX 62696
BALTIMORE, MD 21264-2696

- 2.179. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 07.08.13**

State the term remaining

List the contract number of any government contract

State Farm Mutual Automobile Insurance
One State Farm Plaza
Bloomington, IL 61710

- 2.180. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement dated 08.21.14**

State the term remaining

List the contract number of any government contract

Sterling Infosystems, Inc.
1 State Street, 24th Flr.
New York, NY 10004

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.181. State what the contract or lease is for and the nature of the debtor's interest

Master Agreement for U.S. Availability Services dated 11.01.06, as amended; Software Licensing and Services Agreement dated 11.01.06, as amended

State the term remaining

List the contract number of any government contract

**Sungard Availability Services LP
680 East Swedesford Road
Wayne, PA 19087**

2.182. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement dated 12.01.19

State the term remaining

List the contract number of any government contract

**Symetra Life Insurance Company
777 108th Avenue NE
Suite 1200
Bellevue, WA 98004-5135**

2.183. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated 12.13.19

State the term remaining

List the contract number of any government contract

**Systems Check, Inc.
Michael Wall
80 Scenic Drive, Suite 7
Freehold, NJ 07728**

2.184. State what the contract or lease is for and the nature of the debtor's interest

Master Agreement for Services dated 07.01.17

State the term remaining

List the contract number of any government contract

**Teachers Insurance and Annuity Association of America
730 Third Avenue
New York, NY 10017-3206**

2.185. State what the contract or lease is for and the nature of the debtor's interest

Information Services Agreement dated 04.08.05

State the term remaining

List the contract number of any government contract

**Tennessee Farmers Life Insurance Company
147 Bear Creek Pike
Columbia, TN 38402**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.186. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 02.04.16, as amended**

State the term remaining

List the contract number of any government contract

The Cincinnati Life Insurance Company
6200 S. Gilmore Road
Fairfield, OH 45014

- 2.187. State what the contract or lease is for and the nature of the debtor's interest **Services Agreement dated 08.01.09, as amended**

State the term remaining

List the contract number of any government contract

The Guardian Life Insurance Company of America
3900 Burgess Place
Bethlehem, PA 18017

- 2.188. State what the contract or lease is for and the nature of the debtor's interest **Subscriber Agreement for Tax Return Verification Services dated 09.15.17, as amended; Master Underwriting Services Agreement dated 10.01.12, as amended**

State the term remaining

List the contract number of any government contract

The Lincoln National Life Insurance Company
Corporate Procurement
100 N. Greene Street
Greensboro, NC 27401

- 2.189. State what the contract or lease is for and the nature of the debtor's interest **Information Services Agreement dated 09.17.08**

State the term remaining

List the contract number of any government contract

The Penn Mutual Life Insurance Company
600 Dresher Road
Horsham, PA 19044

- 2.190. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 08.01.08, as amended**

State the term remaining

List the contract number of any government contract

The Prudential Insurance Company of America
David Catso, VP Beneficiary Svcs.
2101 Welsh Road
Dresher, PA 19025

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.191. State what the contract or lease is for and the nature of the debtor's interest **Product and Service Agreement dated 10.09.17**

State the term remaining

List the contract number of any government contract

Therapak LLC
651 Wharton Drive
Claremont, CA 91711

- 2.192. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 04.01.14, as amended**

State the term remaining

List the contract number of any government contract

Thrivenet Financial for Lutherans
4321 N. Ballard Road
Appleton, WI 54919-0001

- 2.193. State what the contract or lease is for and the nature of the debtor's interest **Services Agreement dated 07.01.03, as amended**

State the term remaining

List the contract number of any government contract

Time Insurance Company
501 West Michigan
Milwaukee, WI 53203

- 2.194. State what the contract or lease is for and the nature of the debtor's interest **Lease dated July 15, 2004**

State the term remaining

List the contract number of any government contract

TPLP Office Park Properties
A Texas Limited Partnership
Angelique Benschneider
8200 Springwood, Ste 240
Irving, TX 75063

- 2.195. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 12.06.07**

State the term remaining

List the contract number of any government contract

Tri-Medical PLLC
4010 Dupont Circle
Suite 228
Louisville, KY 40207-4825

- 2.196. State what the contract or lease is for and the nature of the debtor's interest **Integration Agreement dated 02.27.18**

State the term remaining

List the contract number of any government contract

TrialWorks LLC
1550 Madruga Avenue
Suite 508
Coral Gables, FL 33146

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.197. State what the contract or lease is for and the nature of the debtor's interest

Master Services Agreement dated 04.02.13; Third Party Disclosure Agreement dated 04.20.09

State the term remaining

List the contract number of any government contract

**United HealthCare Insurance Company
9900 Bren Road East
Minnetonka, MN 55343**

2.198. State what the contract or lease is for and the nature of the debtor's interest

UPS Advisory and Technical Support Services Agreement and Software License Agreement dated 03.25.19

State the term remaining

List the contract number of any government contract

**United Parcel Service Inc.
2925 Merrell Road
Dallas, TX 75229**

2.199. State what the contract or lease is for and the nature of the debtor's interest

Master Services Agreement dated 08.01.14, as amended

State the term remaining

List the contract number of any government contract

**United Services Automobile Association
9800 Fredericksburg Road
San Antonio, TX 78288**

2.200. State what the contract or lease is for and the nature of the debtor's interest

Underwriting Solutions Services Agreement dated 05.10.17, as amended

State the term remaining

List the contract number of any government contract

**USHealth Administrators LLC
Doug Kirnegay
300 Burnett Street
Suite 200
Fort Worth, TX 76102**

2.201. State what the contract or lease is for and the nature of the debtor's interest

Interconnection Security Agreement dated 06.20.18, as amended

State the term remaining

List the contract number of any government contract

**Vanderbilt University Medical Center
Josh c. Denny, MD, MS
2525 West End Ave.
Nashville, TN 37203**

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.202. State what the contract or lease is for and the nature of the debtor's interest **Verizon Business Service Agreement dated 11.20.19**

State the term remaining

List the contract number of any government contract

Verizon Business Network Services, Inc.
HQ Legal Contract Admin.
One Verizon Way
Basking Ridge, NJ 07920-1097

- 2.203. State what the contract or lease is for and the nature of the debtor's interest **Payment Agreement dated 09.13.19**

State the term remaining

List the contract number of any government contract

VMWare, Inc.
3401 Hillview Avenue
Palo Alto, CA 94304

- 2.204. State what the contract or lease is for and the nature of the debtor's interest **Commercial Lease dated May 23, 2005, as amended**

State the term remaining

List the contract number of any government contract

Waco Central Park, Ltd.
PO Box 429
China Spring, TX 76633

- 2.205. State what the contract or lease is for and the nature of the debtor's interest **Satellite Contractor Agreement dated 02.05.04**

State the term remaining

List the contract number of any government contract

WAP Services
800 W. Cummings Park
suite 5225
Woburn, MA 01801

- 2.206. State what the contract or lease is for and the nature of the debtor's interest **Lease dated March 1, 2018**

State the term remaining

List the contract number of any government contract

WB Equities, LLC
33 Hunting Hill Drive
Dix Hills, NY 11746

- 2.207. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement dated August 28, 2017, as amended**

State the term remaining

List the contract number of any government contract

Wedgewood Investment Corporation
P O BOX 14215
GREENSBORO, NC 27415

Debtor 1 **Examination Management Services, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.208. State what the contract or lease is for and the nature of the debtor's interest

Lease dated January 16, 2002, as amended

State the term remaining

List the contract number of any government contract

**Wiggin Properties, LLC
5801 N. Broadway, Suite 120
Oklahoma City, OK 73118**

2.209. State what the contract or lease is for and the nature of the debtor's interest

**Underwriting Solutions
Service Agreement
dated 12.07.15, as
amended**

State the term remaining

List the contract number of any government contract

**Woodmen of the World
Life Insurance Society
1700 Farnam Street
Omaha, NE 68102-2025**

Fill in this information to identify the case:Debtor name **Examination Management Services, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 EMSI Acquisition, Inc.****3050 Regent Blvd.
Suite 400
Irving, TX 75063****MidCap Financial Trust**☒ D **2.2**
☐ E/F _____
☐ G _____**2.2 EMSI Holdco, Inc.****3050 Regent Blvd.
Suite 400
Irving, TX 75063****MidCap Financial Trust**☒ D **2.2**
☐ E/F _____
☐ G _____**2.3 EMSI Holding Company****3050 Regent Blvd.
Suite 400
Irving, TX 75063****MidCap Financial Trust**☒ D **2.2**
☐ E/F _____
☐ G _____

Fill in this information to identify the case:Debtor name Examination Management Services, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2020** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$53,002,315.00****For prior year:**From **1/01/2019** to **12/31/2019**☒ Operating a business☐ Other _____**\$124,441,267.00****For year before that:**From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other _____**\$139,443,968.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **Examination Management Services, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Hot Shred 210 N. Roberts Street West, TX 76691	Various	\$34,477.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See SoFA Attachment 4		\$1,448,477.00	Payroll and expense reimbursements
Insiders			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Hofer Settlement			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Debtor **Examination Management Services, Inc.**

Case number (if known) _____

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Pachulski Stang Ziehl & Jones LLP 919 N. Market Street 17th Floor Wilmington, DE 19899	PSZJ received payment totaling \$100,000 from Examination Management Services, Inc. on behalf of all Debtors.	06.29.2020	\$100,000.00
Email or website address <u>www.pszjlaw.com</u>			
Who made the payment, if not debtor?			
11.2. Katten Muchin Rosenman LLP 2121 N. Pearl Street Suite 1100 Dallas, TX 75201	Katten received payment totaling \$10,000 from Examination Management Services, Inc. on behalf of all Debtors.	10.05.20	\$10,000.00
Email or website address <u>www.katten.com</u>			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

Debtor **Examination Management Services, Inc.**

Case number (if known) _____

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**Customer information including address, telephone number, email
address**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☒ No Go to Part 10.☐ Yes. Fill in below:**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **Examination Management Services, Inc.**

Case number (if known)

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
United Health Group PO Box 1459 Minneapolis, MN 55440	JPMorgan Chase	JPMorgan Chase bank account (3648) for payment of medical claims	Unknown
Owner's name and address	Location of the property	Describe the property	Value
United Health Group PO Box 1459 Minneapolis, MN 55440	JPMorgan Chase	JPMorgan Chase bank account (3656) for payment of FAFSA claims	Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

Debtor **Examination Management Services, Inc.**

Case number (if known) _____

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Andrew Prince 4221 Gladney Lane Keller, TX 76244	12.09.19 - 07.02.20
26a.2. Andrew Seay 3638 Heritage Trail Celina, TX 75009	11.30.17 - 05.30.19
26a.3. Deidre Salazar 5216 Avery Lane The Colony, TX 75056	12.16.92 - 07.02.20
26a.4. James Huyck 8057 Plateau Drive Fort Worth, TX 76120	08.29.16 - 09.25.20
26a.5. Jeffrey Robertson 3209 Glenhurst Ct. Plano, TX 75093	04.24.17 - 06.12.19

Debtor **Examination Management Services, Inc.**

Case number (if known) _____

Name and address		Date of service From-To
26a.6.	Juan Rodriguez 12621 Oceanside Drive Eules, TX 76040	10.28.19 - 07.02.20
26a.7.	Margaret Burken 6932 Glendale Drive North Richland Hills, TX 76182	06.25.07 - 07.02.20
26a.8.	Maria Salcedo 3825 Echo Brook Lane Dallas, TX 75229	07.29.16 - 07.02.20
26a.9.	Mark Moss 1208 Calico Lane Apt. 614 Arlington, TX 76011	05.03.19 - 07.02.20
26a.10.	Leah Winterowd 14948 Myrtle Beach Lane Frisco, TX 75035	10.31.17 - 02.27.20
26a.11.	William Keys 17608 Ivy Hill Drive Dallas, TX 75287	05.13.19 - 07.02.20

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26b.1.	RSM US LLP 13155 Noel Road Suite 2200 Dallas, TX 75240	2019-2020

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	James Huyck 8057 Plateau Drive Fort Worth, TX 76120	
26c.2.	Margaret Burken 6932 Glendale Drive North Richland Hills, TX 76182	
26c.3.	William Keys 17608 Ivy Hill Drive Dallas, TX 75287	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

Debtor **Examination Management Services, Inc.**

Case number (if known) _____

Name and address

26d.1. **MidCap Financial Trust**
c/o MidCap Financial Services, LLC
7255 Woodmont Avenue
Suite 200
Bethesda, MD 20814

26d.2. **Wells Fargo Bank**
201 3rd Street
San Francisco, CA 94103

26d.3. **Monroe Medical Clinic**
100 S. Second Street
Monroe, LA 71201

26d.4. **Bank of Montreal**
100 King Street West
28th Floor
Toronto ON M5X 1A1

26d.5. **Southwest Airlines**
OAL Billing
Dallas, TX 75397

26d.6. **New York Life Insurance Company**
51 Madison Avenue
Room 551
New York, NY 10010-1655

26d.7. **Primerica, Inc.**
1 Primerica Pkwy
Duluth, GA 30099-4000

26d.8. **MassMutual**
1295 State Street
Springfield, MA 01111-0001

26d.9. **USAA**
9800 Frdericksburg Road
San Antonio, TX 78240-4100

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
EMSI Holding Company	3050 Regent Blvd. Irving, TX 75063	Parent company	100% ownership interest

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

Debtor **Examination Management Services, Inc.**

Case number (if known) _____

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Anthony Mustoe	2402 Watercrest Drive Keller, TX 76248	Chief Information Officer	02.26.18 - 07.02.20
Name	Address	Position and nature of any interest	Period during which position or interest was held
Burt Wolder	8 Essex Road Scotch Plains, NJ 07076	Chief Marketing Officer	06.04.18 - 07.02.20
Name	Address	Position and nature of any interest	Period during which position or interest was held
Denisa Bravenec	2109 Larkspur Drive Carrollton, TX 75010	Sr. Vice President, Chief People Officer	10.31.17 - 07.02.20
Name	Address	Position and nature of any interest	Period during which position or interest was held
Greg James	757 Lake Carolyn Pkwy Apt. 2209 Irving, TX 75039	Chief Operating Officer	04.16.18 - 07.02.20
Name	Address	Position and nature of any interest	Period during which position or interest was held
James Calver	191 Weed Ave Los Gatos, CA 95032	President and Chief Executive Officer	04.16.18 - 07.02.20
Name	Address	Position and nature of any interest	Period during which position or interest was held
James Huyck	8057 Plateau Drive Fort Worth, TX 76120	Vice President, Corporate Controller	08.29.16 - 09.25.20
Name	Address	Position and nature of any interest	Period during which position or interest was held
William Keys	17608 Ivy Hill Drive Dallas, TX 75287	Chief Financial Officer	05.13.19 - 07.02.20

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See SOFA 4			
Relationship to debtor			

31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

Debtor Examination Management Services, Inc.

Case number (if known) _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund _____

Employer Identification number of the parent corporation _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/6/2020

Signature of individual signing on behalf of the debtor _____

M. Troy Phillips
Printed name

Position or relationship to debtor Director

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

Examination Management Services, Inc.

SoFA Attachment 4

Insider Payments

Insider	Position	Total Payments	Regular Payroll								Expense Reimbursements			
			Calver	Keys	James	Mustoe	Wolder	Bravenec	Huyck	Employee	Date	Amount		
James Calver	CEO	341,887	10/11/2019	17,307	13,462	10,962	10,000	7,577	6,154	5,577	James Calver	11/19/2019	8,057.08	
Bill Keys	CFO	268,832	10/25/2019	17,307	13,462	10,962	10,000	7,577	6,154	5,577	James Calver	12/23/2019	4,120.77	
Greg James	COO	217,900	11/8/2019	17,307	13,462	10,962	10,000	7,577	6,154	5,577	James Calver	1/16/2020	2,038.08	
Anthony Mustoe	CIO	194,000	11/22/2019	17,307	13,462	10,962	10,000	7,577	6,154	5,577	James Calver	6/8/2020	618.59	
Burt Wolder	CMO	156,979	12/6/2019	17,307	13,462	10,962	10,000	7,577	6,154	5,577	James Calver	2/24/2020	7,010.20	
Denisa Bravenec	CPO	125,984	12/20/2019	17,307	13,462	10,962	10,000	7,577	6,154	5,577	James Calver	4/3/2020	1,363.35	
James Huyck	Controller	142,895	1/3/2020	17,307	13,462	10,962	10,000	7,577	6,154	5,577	James Calver	4/9/2020	44.81	
		1,448,477	1/17/2020	17,307	13,462	10,962	10,000	7,577	6,154	5,577	James Calver	1/9/2020	178.43	
			1/31/2020	17,307	13,462	10,962	10,000	7,577	6,154	5,577	Bill Keys	10/21/2019	782.79	
			2/14/2020	17,307	13,462	10,962	10,000	7,577	6,154	5,577	Bill Keys	5/31/2020	80.88	
			2/28/2020	17,307	13,462	10,962	10,000	7,577	6,154	5,577	Bill Keys	11/4/2019	55.90	
			3/13/2020	17,307	13,462	10,962	10,000	7,577	6,154	5,577	Bill Keys	11/25/2019	403.46	
			3/27/2020	17,307	13,462	10,962	10,000	7,577	6,154	5,577	Bill Keys	11/27/2019	271.21	
			4/10/2020	8,654	10,096	8,221	7,500	5,683	4,615	4,183	Bill Keys	12/9/2019	986.32	
			4/24/2020	8,654	10,096	8,221	7,500	5,683	4,615	4,183	Bill Keys	12/15/2019	288.77	
			5/8/2020	8,654	10,096	8,221	7,500	5,683	4,615	4,183	Bill Keys	12/20/2019	511.77	
			5/22/2020	8,654	10,096	8,221	7,500	5,683	4,615	4,183	Bill Keys	1/5/2020	493.30	
			6/5/2020	17,307	13,462	10,962	10,000	7,577	6,154	5,577	Bill Keys	1/7/2020	75.33	
			6/19/2020	17,307	13,462	10,962	10,000	7,577	6,154	5,577	Bill Keys	1/19/2020	429.73	
			7/3/2020	17,307	13,462	10,962	10,000	7,577	10,868	5,577	Bill Keys	2/5/2020	989.65	
			7/17/2020	6,923	5,385	4,385	4,000	3,031	4,347	5,577	Bill Keys	2/18/2020	350.53	
			7/31/2020							5,577	Bill Keys	2/25/2020	362.52	
			8/14/2020							5,577	Bill Keys	4/9/2020	821.73	
			8/28/2020							5,577	Bill Keys	5/31/2020	354.75	
			9/11/2020							5,577	Bill Keys	11/4/2019	419.20	
			9/25/2020							5,577	Greg James	12/11/2019	3,209.81	
			10/9/2020							2,788	Greg James	6/17/2020	399.33	
				318,456	261,154	212,654	194,000	146,992	125,984	142,211	1,401,451	Greg James	3/25/2020	840.00
												Greg James	1/22/2020	797.43
												James Huyck	10/21/2019	60.85
												James Huyck	11/1/2019	60.86
												James Huyck	12/16/2019	66.27
												James Huyck	1/13/2020	82.66
												James Huyck	6/3/2020	82.54
												James Huyck	3/12/2020	82.59
												James Huyck	4/7/2020	82.59
												James Huyck	5/5/2020	82.54
												James Huyck	2/5/2020	82.59
												Burt Wolder	10/17/2019	1,017.22
												Burt Wolder	10/31/2019	956.74
												Burt Wolder	11/7/2019	1,540.66
												Burt Wolder	12/4/2019	1,066.61
												Burt Wolder	3/12/2020	1,261.04
												Burt Wolder	12/19/2019	863.60
												Burt Wolder	1/9/2020	1,218.62
												Burt Wolder	1/30/2020	1,039.91
												Burt Wolder	1/23/2020	301.02
												Burt Wolder	12/11/2019	721.39
														47,026.02

1,448,477

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Northern District of Texas

In re **Examination Management Services, Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>100,000.00</u>
Prior to the filing of this statement I have received	\$	<u>100,000.00</u>
Balance Due	\$	<u>0.00</u>
2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. [Other provisions as needed]
 - a. the preparation of the petition, schedules of assets and liabilities, statement of financial affairs, schedule of income and expenditures, lists of creditors and equity security holders, statement of executory contracts and unexpired leases, and master mailing list;**
 - b. appearance at the meeting of creditors pursuant to section 341(a) of the Bankruptcy Code; and**
 - c. otherwise advise the Debtor regarding its rights and responsibilities as a debtor under Chapter 7 of the Bankruptcy Code and the Bankruptcy Rules.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
 - a. appearances before any court or agency, other than the Bankruptcy Court or appellate courts on issues related to the bankruptcy, with respect to matters, which are, in essence, disputes involving issues of non-bankruptcy law, or the provision of substantive legal advice outside the insolvency area, unless we agree to represent the Company in such matters; and**
 - b. advice or representation regarding matters of taxation, labor, securities, ERISA, probate/estate planning, criminal, or other non-bankruptcy or non-debtor/creditor specialties of the law.**

In re Examination Management Services, Inc.
Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/06/20
Date



Laura Davis Jones
Signature of Attorney
Pachulski Stang Ziehl & Jones LLP
919 N. Market Street
17th Floor
Wilmington, DE 19899
302-652-4100
ljones@pszjlaw.com

Name of law firm

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Northern District of Texas

In re **Examination Management Services, Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>10,000.00</u>
Prior to the filing of this statement I have received	\$	<u>10,000.00</u>
Balance Due	\$	<u>0.00</u>
2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. [Other provisions as needed]
 - a. the preparation of the petition, schedules of assets and liabilities, statement of financial affairs, schedule of income and expenditures, lists of creditors and equity security holders, statement of executory contracts and unexpired leases, and master mailing list;**
 - b. appearance at the meeting of creditors pursuant to section 341(a) of the Bankruptcy Code; and**
 - c. otherwise advise the Debtor regarding its rights and responsibilities as a debtor under Chapter 7 of the Bankruptcy Code and the Bankruptcy Rules.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
 - a. appearances before any court or agency, other than the Bankruptcy Court or appellate courts on issues related to the bankruptcy, with respect to matters, which are, in essence, disputes involving issues of non-bankruptcy law, or the provision of substantive legal advice outside the insolvency area, unless we agree to represent the Company in such matters; and**
 - b. advice or representation regarding matters of taxation, labor, securities, ERISA, probate/estate planning, criminal, or other non-bankruptcy or non-debtor/creditor specialties of the law.**

In re **Examination Management Services, Inc.**
Debtor(s)

Case No. **20-32367**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 6,, 2020

Date

/s/ John E. Mitchell

John E. Mitchell

Signature of Attorney

Katten Muchin Rosenman LLP

2121 N. Pearl Street

Suite 1100

Dallas, TX 75201

Name of law firm